

DEPT.-65

JOB- 28

REEL- 12



**CITY OF BALTIMORE**

**HEALTH DEPT.**

**BUREAU OF**

**VITAL STATISTICS**

**BIRTHS**

**BEGINNING 1875**



CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

## DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT  
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE  
DEPARTMENT OF HEALTH BUREAU OF VITAL  
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS  
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-  
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-  
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION  
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN  
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR  
ON JUNE 4, 1954.

## REQUEST FOR RETENTION PERIOD

To: Records Management Officer  
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

## Record Identification

1. TITLE:  Certificate of Live Birth		2. Form No. if available		3. Type—(cards, paper, etc.)  Bound Book	
4. Dates		5. Volume accumulated yearly		6. Size of Record Misc.	
7. Number of copies made					

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>	B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>	C. Microfilm and destroy originals. <input type="checkbox"/>	D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>
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9. Recommended Retention Period

a. In Dept. 70 yrs.	b. In Storage Center Micro. Perm. Micro. Perm.	c. Total and 70 yrs.	10. Equipment and space freed.	11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Farber  
Commissioner of Health3/28/63  
Date

## Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 70 yrs.	b. In Storage Center Microfilm Permanent	c. Total and Microfilm Permanent	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be Burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

REMARKS:  
2 negative rolls  
+ Positive Roll

Records Management Officer: *C. R. Hoole* 3/28/63  
Date

## APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER  
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

**FILED ON FILM**

**IN**

**NUMERICAL ORDER**

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118431

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Number One*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *African*
3. Date of Birth,..... *June 13<sup>th</sup> 1881*
4. Place of Birth, (Street and Number)..... *# 34 Bayard Street*
5. Full Name of Mother,..... *Lucy Narams*
6. Mother's Maiden Name,..... *Lucy Carnaway*
7. Mother's Birthplace,..... *Northumberland Co. Va.*
8. Full Name of Father,..... *James Narams*
9. Father's Occupation,..... *Farmer*
10. Father's Birthplace,..... *Lancaster Co. Pa.*
- Name of Medical Attendant, or other Person who makes this Return...... *Mrs. Ann Cornish (col'd)*
- Address,..... *# 34 Bayard Street*
- Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48432

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 14<sup>th</sup> 81*  
4. Place of Birth, (Street and Number) *Oliver St near Charles*  
5. Full Name of Mother, *Say Fernie C*  
6. Mother's Maiden Name, *Say Neiman*  
7. Mother's Birthplace, *Balt Md*  
8. Full Name of Father, *Henry Fernie C*  
9. Father's Occupation, *Clk*  
10. Father's Birthplace, *Maryland*  
*St Wm Ave*  
Name of Medical Attendant, or other Person who makes this Return.  
Address, *143 + Charles*  
Remarks,

1. I am the Registrar, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48433

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 21<sup>st</sup> 81*  
4. Place of Birth, (Street and Number) *517 Sanson*  
5. Full Name of Mother, *Elizabeth Heaps*  
6. Mother's Maiden Name, *Elizabeth Lindner*  
7. Mother's Birthplace, *Balt. Md*  
8. Full Name of Father, *Conrad Heaps*  
9. Father's Occupation, *China Painter*  
10. Father's Birthplace, *Germany* *Prussia*  
Name of Medical Attendant, or other Person who makes this Return, *Wm Thomas M.D.*  
Address, *143 N. Ches.*  
Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48434

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st

Female

White

June 29/88

21 Conway St.

Leroy Gould

in Maryland

City

Eugene Gould

Carroll Maples

City

John S. Hadden

1125 N. E. St.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *June 29, 1881*
4. Place of Birth, (Street and Number) *S. P. Biddle St*
5. Full Name of Mother, *Isabel Keman*
6. Mother's Maiden Name, *" Ackenback*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Keman*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *W. H. White M.D.*
- Address, *347 Broadway*
- Remarks, \_\_\_\_\_

Advice as to the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Male

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

March, 18/81

Place of Birth, (Street and Number)

189 Hudson St.

Full Name of Mother,

Catherine Cadden.

Mother's Maiden Name,

Lee Jones

Mother's Birthplace,

Balt.

Full Name of Father,

John Cadden

Father's Occupation,

Laborer

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address,

169 N. Calvert St.

Remarks,

Report to the Registrar of the City of Baltimore, within six days of the birth of the child, the name, nativity, age, sex, race or color of the child, and the name, nativity, age, sex, race or color of the mother, and the name of the father, and the place of birth of the mother and father, and the date of birth of the child, and the name of the medical attendant, or other person who makes this return.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Male*

*Sept 27 1931*

*174 N. High St.*

*Catherine Effing*

*Mahan*

*Balti*

*Henry Effing*

*Barber*

*Balti*

*Edw. J. M. Drick*

*169 N. Calvert St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

10th.  
Female.  
April 19/81  
193 Greenmount W.  
Rosalina McDonald  
" A. Hans  
Baltimore  
Thomas M. McDonald  
Living 2 table proprietor  
Baltimore  
Edward M. Davis  
167 1/2 Calvert St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, April 25/85
4. Place of Birth, (Street and Number) S. W. Cor. Green & Pearl Sts. Georgetown
5. Full Name of Mother, Matel. Keen
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Balt.
8. Full Name of Father, Lyman H. Keen
9. Father's Occupation, Salisbury
10. Father's Birthplace, Carroll Co. Md.
- Name of Medical Attendant, or other Person who make this Return, Edward J. McBride
- Address, 163 N. Calvert St.
- Remarks, \_\_\_\_\_

alive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 28 / 1881

4. Place of Birth, (Street and Number)

26 N. Baltimore St.

5. Full Name of Mother,

Carrie Model

6. Mother's Maiden Name,

"Lum

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Model

9. Father's Occupation,

Merchant Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address,

169 N. Calvert St.

Remarks,



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Dr. W. J. McCalister*  
*May 21 1891*  
*169 N. Calvert St.*  
*Catharine J. McCalister*  
*" " Kahler*  
*Ireland*  
*Phillip H. McCalister*  
*Telegraph Operator*  
*Balti.*  
*Edward J. McCalister*  
*169 N. Calvert St.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

4844-21

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, 4th) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth May 26<sup>th</sup> 1881
4. Place of Birth (Street and Number) 288. Hoffman St
5. Full Name of Mother Isabella B. Knell
6. Mother's Maiden Name Isabella B. Allen
7. Mother's Birthplace Somersville Kentucky
8. Full Name of Father George W. Knell
9. Father's Occupation Butcher
10. Father's Birthplace 288 Hoffman St Baltimore
- Name of Medical Attendant, or other Person who makes the Return. Samuel H. Henry
- Address Dr. & Hill Ave. Extended
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 10/881*
4. Place of Birth, (Street and Number) *37 Albemarle St*
5. Full Name of Mother, *Ellen F. Casper*
6. Mother's Maiden Name, *" " A. Denkard*
7. Mother's Birthplace, *Balti.*
8. Full Name of Father, *Shanal. F. Casper*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return, *Edw. J. P. M. Davis*
- Address, *169 N. Calvert St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 133 Clarke St.
5. Full Name of Mother Nannie Robinson
6. Mother's Maiden Name Grace
7. Mother's Birthplace Howard Co. Md.
8. Full Name of Father James A. Robinson
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City, Md.
- Name of Medical Attendant, or other Person who makes this Return. H. Harrison M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Male*

*June 23/81*

*64 McLean St*

*Virginia Cunningham*

*" Welch*

*Balt.*

*Frank Cunningham*

*Collar Maker*

*Balt.*

*Edw. J. McDevitt*

*163 N. Calvert St*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... 229 Central Ave
4. Place of Birth, (Street and Number) ..... June 17, 1881
5. Full Name of Mother, ..... Louisa C Heyraugh
6. Mother's Maiden Name, ..... " " Robinson
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... W. C. Heyraugh
9. Father's Occupation, .....
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who make this Return ..... W. H. Pile, M.D.
- Address, ..... 347 Broadway
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 21 1881*
4. Place of Birth, (Street and Number) *114 N. High St.*
5. Full Name of Mother, *Annie DeKorare*
6. Mother's Maiden Name, *Dufan*
7. Mother's Birthplace, *Malys*
8. Full Name of Father, *Chas. H. Steckman*
9. Father's Occupation, *Restaurateur*
10. Father's Birthplace, *Balti*
- Name of Medical Attendant, or other Person who makes this Return. *Edward M. Deino*
- Address, *169 N. Calvert St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

10th  
Male  
Columbian  
June 26/88  
11 East St  
Mertha Therdun  
John  
Balt. Co. Md.  
Agnes Therdun  
Laborer  
Lumber Co. Md.  
Edward M. Devine  
169 N. Calvert St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White; American

3. Date of Birth

July 1<sup>st</sup> 1881

4. Place of Birth (Street and Number)

166 Maryland Ave

5. Full Name of Mother

Susan Selden

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John K

9. Father's Occupation

Virginia

10. Father's Birthplace

J. E. Lindsay, M.D.

Name of Medical Attendant, or other Person who makes this Return.

159 Rock Ave

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 13 1881

4. Place of Birth (Street and Number)

15 North Caroline Street

5. Full Name of Mother

Mary Louisa Russell

6. Mother's Maiden Name

Darragh

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Russell

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



James E. McNamee, M.D.  
68 W. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1<sup>st</sup> 1881*
4. Place of Birth (Street and Number) *No 217 N. Gay St.*
5. Full Name of Mother *Elizabeth A. Seale*
6. Mother's Maiden Name *" " Schrader*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Seale*
9. Father's Occupation *Grocery & Provision Dealer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. J. Yeates M.D.*
- Address *137 N. Gay St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 15th 1881

4. Place of Birth, (Street and Number)

1st. Harford and Central Avenues

5. Full Name of Mother

Mrs. Annie Eliza Morgan

6. Mother's Maiden Name

Miss Annie E. Delcher

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Mr. George M. Morgan

9. Father's Occupation

Grocer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return.

M. H. Clendinning, M.D.

Address

102 North Broadway

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 1 <sup>st</sup> 1881
4. Place of Birth, (Street and Number)	No. 357 Eastern Ave.
5. Full Name of Mother,	Mrs. Dora Hurdock
6. Mother's Maiden Name,	Miss Dora Koch
7. Mother's Birthplace,	Germany
8. Full Name of Father,	James Hurdock
9. Father's Occupation,	Ship carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rachel A. Garrett
Address,	No 65 Burke St.
Remarks,	

Report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *July 1<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore 407 Lombard St. Parkin*
5. Full Name of Mother, *Louisa Ameila Houch*
6. Mother's Maiden Name, *Louisa Ameila Whipple*
7. Mother's Birthplace, *Rhode Island*
8. Full Name of Father, *Albert J. Houch*
9. Father's Occupation, *Sealman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *Wm. M. Shaffer*
- Address, *19 114 South Ridge St*
- Remarks, \_\_\_\_\_

That any Physician, Apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(9) nine*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 1st 1881*
4. Place of Birth, (Street and Number) *Chestnut City*
5. Full Name of Mother, *Kate Doerr*
6. Mother's Maiden Name, *Kate Schmitt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Conrad Doerr*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Schlifer*
- Address, *20 Columbia St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

July 1st

E. C. Long

E. C. Chagelent

Pennsylvania

Robt H. Karap  
354 W. Thurgate



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 1st 1881

4. Place of Birth, (Street and Number)

1155 Hamburg St.

5. Full Name of Mother,

Sarah Weber

6. Mother's Maiden Name,

Shapen

7. Mother's Birthplace,

America

8. Full Name of Father,

George Weber

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. J. Wasser M.D.

Address,

330 Hanover St.

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1<sup>st</sup> 1881.
4. Place of Birth, (Street and Number) 135 W. Biddle st.
5. Full Name of Mother, Mrs Annie Bauer
6. Mother's Maiden Name, Kamm
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Frederick Bauer
9. Father's Occupation, Bakery
10. Father's Birthplace, Berlin
- Name of Medical Attendant, or other Person who makes this Return, Mrs Schiffer.
- Address, 90 Columbia ave.
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> birth time*  
1. Sex, (state whether male or female).... *Boy and Girl*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *July 1<sup>st</sup> 1881*  
4. Place of Birth, (Street and Number) *149 S. Peter St*  
5. Full Name of Mother, *Mrs Mary Fuller*  
6. Mother's Maiden Name, *Mrs Mary Grams*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *Mr Joseph Fuller*  
9. Father's Occupation, *Farmer*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Simon*  
Address, *171 South Washington St.*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex, (state whether male or female)....

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,.....

July 1<sup>st</sup> 1881

4. Place of Birth, (Street and Number).....

109 Cambridge

5. Full Name of Mother,

Annie West Diamond

6. Mother's Maiden Name,

Annie West

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,

James Diamond

9. Father's Occupation, .....

Teamster

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Simmons

Address,

121 South Washington St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1881
4. Place of Birth, (Street and Number) Balto. Biddle st 239
5. Full Name of Mother, Balazo Reiman
6. Mother's Maiden Name, Barbara Simak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, J. Reiman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Thos. Kappeler
- Address, 89 Washington St
- Remarks, Thos Kappeler

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th July 1881
4. Place of Birth, (Street and Number) Ballo Sag at No 159
5. Full Name of Mother, Mary Kaspar
6. Mother's Maiden Name, Mary Missatt
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Kaspar
9. Father's Occupation, Musician
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Mary Raphael
- Address, 17 Washington St
- Remarks, Mag Raphael

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 1st 1881

4. Place of Birth (Street and Number) 107 E. Bond

5. Full Name of Mother Mary E. Marshall

6. Mother's Maiden Name M. E. Freeman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm. A. Marshall

9. Father's Occupation Farmer

10. Father's Birthplace Md. City

Name of Medical Attendant, or other Person who makes this Return James C. Driscoll M.D.

Address 299 E. Baltimore St.

Remarks



# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

78.11.66

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 1
4. Place of Birth, (Street and Number) Locust point
5. Full Name of Mother Mary Walker
6. Mother's Maiden Name Mary Kettle
7. Mother's Birthplace New York
8. Full Name of Father David Kettle
9. Father's Occupation Boat man
10. Father's Birthplace scot land
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

M. S. Kettle

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child,*

1. Sex (state whether male or female) *Male,*

2. Race or Color (if not of the white race) *White race,*

3. Date of Birth *the 1 of July,*

4. Place of Birth (Street and Number) *No. 14. Dolphin, st.*

5. Full Name of Mother *Amia Owens,*

6. Mother's Maiden Name *Amia Gahagan,*

7. Mother's Birthplace *in Baltimore,*

8. Full Name of Father *Joe. Owens,*

9. Father's Occupation *a Laborer*

10. Father's Birthplace *in Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Midwife Thessa Geller*

Address *No 14 Union st*

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

10 July

4. Place of Birth, (Street and Number)

20 Thompsonville

5. Full Name of Mother,

Mathilde Bigel

6. Mother's Maiden Name,

Radtger

7. Mother's Birthplace,

Bald Md

8. Full Name of Father,

John Bigel

9. Father's Occupation,

Printer

10. Father's Birthplace,

Bald Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Para Leaffer

Address,

72 E Lombard St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 1897
4. Place of Birth, (Street and Number) 87 Blair
5. Full Name of Mother, Dora Welber
6. Mother's Maiden Name, Terre
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Will Welber
9. Father's Occupation, Workman
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Casper
- Address, 72 E. Lombard St
- Remarks, \_\_\_\_\_

File at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) :

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

17<sup>th</sup>  
Male

July 1 1881

48 Lee st.

Rosa Blumenthal

" Myer

Germany

Isaac Blumenthal

Hackster

Germany

H. W. Wells Esq.

57 Baisel

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1st July
4. Place of Birth, (Street and Number) 130 Howard st
5. Full Name of Mother, Maggie Limer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Artchester County
8. Full Name of Father, James Hill
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Angelina Wilson

Address, 294 Warner st

Remarks,



1181173

THE CITY PHYSICIAN, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1<sup>st</sup> July 1897
4. Place of Birth, (Street and Number) # 53 Myrtle St.
5. Full Name of Mother, Caroline Rhinehardt
6. Mother's Maiden Name, in Peter
7. Mother's Birthplace, Wittenberg
8. Full Name of Father, Henry Rhinehardt
9. Father's Occupation, Brick maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mary Troch
- Address, 328 S. Euter St.
- Remarks.



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 50 Greenmount Ave.
5. Full Name of Mother, Mary A. Hardwick
6. Mother's Maiden Name, Shemaker
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Wm Hardwick
9. Father's Occupation, Paper Carrier
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, H. Enck, M.D.  
or other Person who makes this Return.
- Address, 94 Old Broadway
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *July 2, 1881*
4. Place of Birth, (Street and Number) *199 N. Bond St*
5. Full Name of Mother, *Annie R. Allard*
6. Mother's Maiden Name, *" " Edwards*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Allard*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *H. H. White, M.D.*
- Address, *247 N. Broadway*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar a foreward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 2nd 1881*  
4. Place of Birth (Street and Number) *95 Mosher Street*  
5. Full Name of Mother *Emily Amelia Thinnick*  
6. Mother's Maiden Name *Emily Amelia Pound*  
7. Mother's Birthplace *Balto Md*  
8. Full Name of Father *William J. Thinnick*  
9. Father's Occupation *Clark*  
10. Father's Birthplace *Balto Md*  
Name of Medical Attendant, or other Person who makes this Return. *J. C. Ward M.D.*  
Address *127 St Paul St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 2nd 1881*

4. Place of Birth (Street and Number) *212 Lombard St*

5. Full Name of Mother *Agnes Brown*

6. Mother's Maiden Name *Agnes Brown*

7. Mother's Birthplace *Balt. Md.*

8. Full Name of Father *George B. Brown*

9. Father's Occupation *Bricklayer*

10. Father's Birthplace *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Brown*

Address *1212 N. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 2, 1881*
4. Place of Birth (Street and Number) *66 Eding St*
5. Full Name of Mother *Sallie Foster*
6. Mother's Maiden Name *Sallie Wardell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Phadon J Foster*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *King William Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *J. Langherty M.D.*
- Address *15 Fairmount Ave*
- Remarks

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 2, 1881.

4. Place of Birth (Street and Number)

24 S. Parriest St.

5. Full Name of Mother

Henora B. White

6. Mother's Maiden Name

Robinson

7. Mother's Birthplace

Balt. Co.

8. Full Name of Father

Chas. N. White,

9. Father's Occupation

Mechanic,

10. Father's Birthplace

Balt. City,

Name of Medical Attendant, or other Person who makes this Return.

J. L. S. M.D.

Address

247 Lawrence St.

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1  
Female

2 July

1766 Eastern Ave

Clippie Holbing

Holbing

Kasper

Tropp

Germany

Kasper Tropp

Laborer

Germany

Joseph Simon

P.O. 70 Granby St

48451

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 2, 1881.*
4. Place of Birth (Street and Number) *Baltimore M. D. Hamilton St. W. C. house*
5. Full Name of Mother *Anna Ann Taylor.*
6. Mother's Maiden Name *Fanny Ann Johnson.*
7. Mother's Birthplace *Born at Spotsylvania.*
8. Full Name of Father *Richard Taylor.*
9. Father's Occupation *Writer.*
10. Father's Birthplace *Born at Brandon Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Rafia Johnson.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child; within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup> times*
1. Sex, (state whether male or female).... *both boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 2<sup>nd</sup>*
4. Place of Birth, (Street and Number).... *426 Canton Ave.*
5. Full Name of Mother, *Agusta Ann*
6. Mother's Maiden Name, *Agusta Inasad*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Ann*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. Simons*
- Address, *171 South Washington St*
- Remarks,

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... Infant
2. Race or Color, (if not of the white race) ..... July 2nd 1881
3. Date of Birth, ..... 317 W. Lombard + Schrieber
4. Place of Birth, (Street and Number) ..... Union St. Roetger
5. Full Name of Mother, ..... " " Hiedeman
6. Mother's Maiden Name, ..... Bula del
7. Mother's Birthplace, ..... William Roetger
8. Full Name of Father, ..... Small maker
9. Father's Occupation, ..... Bula del
10. Father's Birthplace, ..... A. J. S. ...
- Name of Medical Attendant, or other Person who makes this Return. .... 317 W. Lombard
- Address, ....
- Remarks, ....

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd July 1881
4. Place of Birth, (Street and Number) Polto Washington st No 69
5. Full Name of Mother, Josephine Olina
6. Mother's Maiden Name, E. Koptel
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Olina
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return May Koptel
- Address, 69 Washington st
- Remarks, May Koptel

# RETURN OF A BIRTH

45456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2, 1881*

4. Place of Birth, (Street and Number) *11 Spring St., No. 42.*

5. Full Name of Mother, *Emilie Schultheis*

6. Mother's Maiden Name, *Emilie Michel*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Leonhard Schultheis*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Sprendorf, B. Bayern, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Chas. E. Kuller*

Address, *N. Dallas St. No. 26*

Remarks, *Dead born*

born, its or their physical condition, whether still-born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 2, 1881*
4. Place of Birth, (Street and Number) *Jefferson St. No 243*
5. Full Name of Mother, *Emilie MacArthur*
6. Mother's Maiden Name, *Emilie Schickel*
7. Mother's Birthplace, *Prague*
8. Full Name of Father, *Frederick MacArthur*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Siegbold, First Lippe-Edm., Germany*
- Name of Medical Attendant, or other Person who makes this Return *Harry E. Keller*
- Address, *132 North St.*
- Remarks,

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Black

3. Date of Birth

July 2nd 1881

4. Place of Birth (Street and Number)

Hamilton St ally

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Richard Taylor

9. Father's Occupation

Wright

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

C. B. Gamble M.D.

Address

59 Cathedral

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 2nd 1881*
4. Place of Birth (Street and Number) *515 S. Ann St*
5. Full Name of Mother *Madselle Lorentze Madsen Steen*
6. Mother's Maiden Name *Madselle Lorentze Madsen*
7. Mother's Birthplace *Bergen Norway*
8. Full Name of Father *Gerhardt Severin Heiberg Steen*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Bergen Norway*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Sullivan M. D.*
- Address *116 Thames St*
- Remarks

NOTE: At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY..



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2d  
M  
W  
July 2nd  
201 W. Biddle St  
Rebecca L. Winslow

Charles Del G. P. A.  
Dr. B. Winslow  
Physician

Westford - Perquimans Co. N. C.  
Dr. B. Winslow  
201 W. Biddle St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- over*
- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 2nd 84*
4. Place of Birth, (Street and Number) *P. Eutaw # 70*
5. Full Name of Mother, *Anna Dogge*
6. Mother's Maiden Name, *Becker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Albert Dogge*
9. Father's Occupation, *Pharmaker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who made this Return *Mary Brook*
- Address, *# 328 P. Eutaw St*
- Remarks:



At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Att

White

3. Date of Birth,

2. July

4. Place of Birth, (Street and Number)

Calverton av. No 3

5. Full Name of Mother,

Alisa Wieser

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Bachmann

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dunbar

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 2<sup>nd</sup> 1891*
4. Place of Birth, (Street and Number) *#34 Thames Str.*
5. Full Name of Mother, *Katie Guenther*
6. Mother's Maiden Name, *Specht*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Carl Guenther*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louis Kraft*
- Address *#286 Canton Str.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Early 3<sup>rd</sup>  
4. Place of Birth (Street and Number) 1107 N Poppleton St-  
5. Full Name of Mother Mrs. Lizzie Badger  
6. Mother's Maiden Name B. Roberts  
7. Mother's Birthplace Balto.  
8. Full Name of Father Benjamin B. Badger  
9. Father's Occupation Carpenter  
10. Father's Birthplace Balto.  
Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.  
Address 361 Franklin St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *July 3d*

4. Place of Birth (Street and Number) *162 S. Chappel St.*

5. Full Name of Mother *Martha Porter*

6. Mother's Maiden Name *Patt*

7. Mother's Birthplace *Chesapeake Co.*

8. Full Name of Father *William Porter*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Salem Co. Va.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. L. L. Harrison*

Address *25 East 10th*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race) .....

3. Date of Birth, 4 July

4. Place of Birth, (Street and Number) 262 Alameda St

5. Full Name of Mother, Regina Lyon

6. Mother's Maiden Name, Katz

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Lyon

9. Father's Occupation, Gunster maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, N<sup>o</sup> 70 Granby St

Remarks,



Attest at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 30 1881*
4. Place of Birth, (Street and Number) *South Charles St No 666*
5. Full Name of Mother, *Eliza J. Keith*
6. Mother's Maiden Name, *Eliza J. Hinton*
7. Mother's Birthplace, *Balt Mo. Md*
8. Full Name of Father, *Charles O. Keith*
9. Father's Occupation, *Freight Conductor B & O R R*
10. Father's Birthplace, *Montgomery Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza J. Hinton*
- Address, *No 666 S Charles St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *No 1 First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *July 3rd 1881*  
 4. Place of Birth (Street and Number) *132 E Townsend St.*  
 5. Full Name of Mother *Harriet Elizabeth Lewis*  
 6. Mother's Maiden Name *do King*  
 7. Mother's Birthplace *Princess Anne Somerset Co Md*  
 8. Full Name of Father *Henry Grosvenor Lewis*  
 9. Father's Occupation *Black Clerk*  
 10. Father's Birthplace *Washington D.C*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. John F. King*  
 Address. *132 E Townsend St.*  
 Remarks *Child full term & free from blemish*

Be aware that the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female)... *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3d July. 1881*
4. Place of Birth, (Street and Number) *No 3 North Washington Street*
5. Full Name of Mother, *Eva Harold*
6. Mother's Maiden Name, *Eva Hering*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Hering*
9. Father's Occupation, *Coper*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who  
makes this Return.

Address,

Remarks,

*Crescentia Annihil*  
*11 North Chapel street per Justina Annihil*  
*Health*

SALES AND RATES OF ANY CASES, WITHIN THE CITY OF BALTIMORE, SHALL REPORT TO THE REGISTRAR AFORESAID, WITHIN SIX DAYS THEREAFTER, STATING DISTINCTLY THE DATE OF BIRTH, SEX, AND COLOR OF THE CHILD OR CHILDREN BORN, ITS OR THEIR PHYSICAL CONDITION, WHETHER STILL-BORN OR NOT, THE FULL NAME, PATRILY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 3<sup>d</sup> 1881.*
4. Place of Birth, (Street and Number) *Poppleton St. No 99.*
5. Full Name of Mother, *Paternella Bremer*
6. Mother's Maiden Name, *Von Kleef*
7. Mother's Birthplace, *N. Holland*
8. Full Name of Father, *Peter Bremer*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, *Mrs Schleifer*  
or other Person who makes this Return.
- Address, *20. Columbia St.*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Balt. July 3<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) ..... Balt. Washington st No 70
5. Full Name of Mother, ..... Josephine Bonash
6. Mother's Maiden Name, ..... J. Bonash
7. Mother's Birthplace, ..... Bohemia
8. Full Name of Father, ..... Joseph Bonash
9. Father's Occupation, ..... Shoemaker
10. Father's Birthplace, ..... Bohemia
- Name of Medical Attendant, or other Person who makes this Return ..... Dr. May Hopkin
- Address, ..... 09 Madison st
- Remarks, ..... May Hopkin

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd July 1887
4. Place of Birth, (Street and Number) Collo, Washington + W 286
5. Full Name of Mother, A. Meares
6. Mother's Maiden Name, A. Weaver
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Meares
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return May Depert
- Address, 67 Washington St
- Remarks, May Depert

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2<sup>nd</sup> July 1881
4. Place of Birth, (Street and Number) Balto Washington St No 122
5. Full Name of Mother, A.
6. Mother's Maiden Name, Annie Mascha
7. Mother's Birthplace, Polandia
8. Full Name of Father, A.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Polandia
- Name of Medical Attendant, Dr. J. L. Laphol  
or other Person who makes this Return
- Address, 29 Washington St
- Remarks, Shoemaker

454021

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp is a stylized illustration of a person, possibly a doctor or a patient, and the year "1901" is printed below the illustration.

ORE C  
First

172

White  
July 3rd 1851

45 J. Patterson

Virginia. Mass.

14. Haverhill, Mass.

1899. March

11/11/11

2/11/13

*Peter H. ...*

12.

\_\_\_\_\_

W. J. C. HILARY & CO., CITY PRINTERS AND STATIONERS



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, .....
4. Place of Birth, (Street and Number) .....
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, .....
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this return.

Address, .....

Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *1st*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *July 3rd 1888*
4. Place of Birth, (Street and Number) ..... *Belair Ave. near Boundary Line*
5. Full Name of Mother, ..... *Barbara Brown*
6. Mother's Maiden Name, ..... *Garbara Park*
7. Mother's Birthplace, ..... *Baltimore*
8. Full Name of Father, ..... *John C. Brown*
9. Father's Occupation, ..... *Carpenter*
10. Father's Birthplace, ..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return ..... *Mary A. Ollivell*
- Address, ..... *280 M. Donagh st*
- Remarks, .....

Report to the Registrar of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... color
3. Date of Birth,..... July 3d
4. Place of Birth, (Street and Number)..... no 13 Wilcomally
5. Full Name of Mother,..... elizabeth watkins
6. Mother's Maiden Name,..... elizabeth hess
7. Mother's Birthplace,..... Balt. male
8. Full Name of Father,..... robert watkins
9. Father's Occupation,..... labor
10. Father's Birthplace,..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return...... Mrs. Lydia Porter
- Address,..... no 4 patteeo avenue
- Remarks,..... healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *3d July 1891*

4. Place of Birth (Street and Number) *1135 Spraker St.*

5. Full Name of Mother *Mare Saunenberg*

6. Mother's Maiden Name *Mare Dietrich*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Otto Saunenberg*

9. Father's Occupation *Wormingman*

10. Father's Birthplace *Magdeburg Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Pennington*

Address *224 West Fayette Street*

Remarks

ask any Physician, accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Howard Emrich*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Boy.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sunday morning July 3rd 1881*
4. Place of Birth, (Street and Number) *100 Greenmount Ave*
5. Full Name of Mother, *Annie Emrich*
6. Mother's Maiden Name, *Annie Schmut*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Emrich*
9. Father's Occupation, *Baker & Confectioner*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, (or other Person who makes the Return) *Wm. Brinton M.D.*
- Address, *25 1/2 Greenmount Ave*
- Remarks, *"Only Presentation"*



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

45810

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex, (state whether male or female) *female;*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 3<sup>rd</sup>*
4. Place of Birth, (Street and Number) *Pontney St. 6109*
5. Full Name of Mother, *Carrie E. Bomboff*
6. Mother's Maiden Name, *Berigold*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward J. Bomboff*
9. Father's Occupation, *Captain of vessel*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Profession Muncy*  
or other Person who makes this Return
- Address, *1 Larcenauff St.*
- Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 31/88*

4. Place of Birth, (Street and Number) *161 W Lombard Maternal*

5. Full Name of Mother, *Mary Henry*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other Person who makes this Return *J.D. Compton M.D.*

Address *161 W Lombard*

Remarks *Illegitimate*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

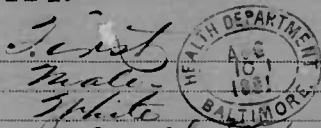
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks



First  
Male  
White  
July 3d 1881  
Patent 31

Mary E. Hawkins  
Wife

M.B.A.  
John H. Hawkins  
Blacksmith

Dillard L.

E. J. Williams  
17 Paternoster St.



advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 July

4. Place of Birth, (Street and Number)

No 28 S. Caroline st

5. Full Name of Mother,

Letitia Alvaather

6. Mother's Maiden Name,

Browne

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Alvaather

9. Father's Occupation,

Bill Poster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return. S. Julia Simon

Address,

No 70 Grandby st

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th July

4. Place of Birth, (Street and Number)

116 S. Madeney St

5. Full Name of Mother,

Emma Fischer

6. Mother's Maiden Name,

" " Harmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Fischer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wiley

Address,

No 16 Patterson Park

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~ 2d, 3d, 4th)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Irish

3. Date of Birth

July 4<sup>th</sup> 1887

4. Place of Birth (Street and Number)

13 Clay St.

5. Full Name of Mother

Mary M<sup>r</sup> Cleary.

6. Mother's Maiden Name

Russell

7. Mother's Birthplace

Ireland

8. Full Name of Father

Geo. Stephen C. Cleary.

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 5. Jay.  
75 Franklin St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th 1881

4. Place of Birth, (Street and Number)

54 N. Front St.

5. Full Name of Mother,

Catharine Collins

6. Mother's Maiden Name,

Catharine Drex

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Bartholomew Collins

9. Father's Occupation,

Wright-master

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

J. F. Kearney M.D.

Address,

58 N. Front St.

Remarks,

Physical condition of child very good.

born, its or their physical condition. whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

*J. B. G.*

1. Sex, (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*24th July 1881*

4. Place of Birth, (Street and Number)

*Bolton Alexander No 87*

5. Full Name of Mother,

*Anne Hirt*

6. Mother's Maiden Name,

*Anne Moschke*

7. Mother's Birthplace,

*Bohemia*

8. Full Name of Father,

*J. Hirt*

9. Father's Occupation,

*Iron*

10. Father's Birthplace,

*Bohemia*

Name of Medical Attendant, or other Person who makes this Return

*Mary Koppen*

Address,

*21 Washington St*

Remarks,

*Shog 1st 2d*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who  
makes this Return

Address,

Remarks,

Harry E. Miller

LIVED at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jul 4 1881
4. Place of Birth, (Street and Number) 104 Duncan st
5. Full Name of Mother, Annice King
6. Mother's Maiden Name, Anie Jacobus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles King
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs E Gray
- Address, 193 Chester st
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 23<sup>d</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth 12 Nptm Street Baltimore 4<sup>th</sup> July 1881

4. Place of Birth (Street and Number) 12 Nptm Street

5. Full Name of Mother Lucinda Blackwell

6. Mother's Maiden Name Lucinda Lewis

7. Mother's Birthplace Northumberland Co Pa

8. Full Name of Father Roston Blackwell

9. Father's Occupation Church Organ

10. Father's Birthplace Northumberland Co Pa

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd, M.D.

Address 225 N. Gilman Street Baltimore

Remarks Mother born Mother & Child living well



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth July the fourth  
4. Place of Birth (Street and Number) Bunker St No 258 Be it  
5. Full Name of Mother Annie E Dimpftein  
6. Mother's Maiden Name Kelley  
7. Mother's Birthplace Sammonsett Co Md  
8. Full Name of Father Charles Dimpftein  
9. Father's Occupation Wagon man  
10. Father's Birthplace Sammonsett Co, Md  
Name of Medical Attendant, or other Person who makes this Return. H A Duerrport  
Address 194 York St  
Remarks Mother & Child doing well

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Born on the 4th of July 1881
4. Place of Birth, (Street and Number) 15 Forest St.
5. Full Name of Mother Miss Wittman
6. Mother's Maiden Name Miss Schmenke
7. Mother's Birthplace Born in Bavaria Germany
8. Full Name of Father John Wittman
9. Father's Occupation Spinner
10. Father's Birthplace Born in Bavaria Germany
- Name of Medical Attendant, or other Person who makes this return. Mr. Miller
- Address 107 W. Pratt St.
- Remarks \_\_\_\_\_

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 4 July
4. Place of Birth, (Street and Number) 110 S Ann
5. Full Name of Mother, Anna Papp
6. Mother's Maiden Name, Lawson
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Charles Papp
9. Father's Occupation, Carriage Maker
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, Dr. Sara Wagner  
or other Person who makes this Return
- Address, 72 N Lombard
- Remarks, \_\_\_\_\_

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 July

4. Place of Birth, (Street and Number)

114 E. Calver

5. Full Name of Mother,

Mari Ann P. Meier

6. Mother's Maiden Name,

Wohlgemuth

7. Mother's Birthplace,

Ballt. Pr.

8. Full Name of Father,

Henri Ann P. Meier

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return

Mrs. Parker Carpenter

Address,

72 E. Lombard

Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

July 4th 1887

4. Place of Birth, (Street and Number)

811 Danvers St. and

5. Full Name of Mother

Richard J. Salich

6. Mother's Maiden Name

W. J. Seaburg

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

William J. Salich

9. Father's Occupation

Laborer, man

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

James H. Green

Address

634 Light St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- 48526
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the child and mother*
1. Sex (state whether Male or Female) *he is a Boy*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *4 July*
4. Place of Birth (Street and Number) *122 N Dallas st*
5. Full Name of Mother *Sarah Cooper*
6. Mother's Maiden Name *Sarah Brine*
7. Mother's Birthplace *Born in Baltimore Md*
8. Full Name of Father *Steven Cooper*
9. Father's Occupation *Baltimore*
10. Father's Birthplace *laber on the World*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Danken lives in the family*
- Address *122 N Dallas st*
- Remarks *every thing is favorable*

MADE BY THE MOTHER OF ANY CHILD, WITHIN THE CITY OF BALTIMORE, SHALL REPORT TO THE REGISTRAR AFORESAID, WITHIN SIX DAYS THEREAFTER, STATING DISTINCTLY THE DATE OF BIRTH, SEX, AND COLOR OF THE CHILD OR CHILDREN BORN, ITS OR THEIR PHYSICAL CONDITION, WHETHER STILL-BORN OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

July 4<sup>th</sup> 1887

Hofflandtown Bk.

Lulia M. Truher

Lulia Mich

Germany

Chas. Truher

Shoemaker

Germany

Mrs Mary E. Lewis

# 171 S. Washington St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

July 4<sup>th</sup> 1881

4. Place of Birth (Street and Number)

480 N. Gay St.

5. Full Name of Mother

Louise

6. Mother's Maiden Name

Hudson

7. Mother's Birthplace

Balt.

8. Full Name of Father

David E. Hatter

9. Father's Occupation

Merchant

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. P. Reynolds

Address

186 Maryland St.

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 24th 1891  
Baltimore # 547  
Elizabeth Schick  
Elizabeth Roth  
German  
William Schick  
Blacksmith

German  
Prof. J. W. Mump  
1. Lane, J. W. Mump

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of Child: *Emma Lorenz*  
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *4<sup>th</sup>*

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *July 4<sup>th</sup>*  
4. Place of Birth, (Street and Number) *# 122 Choplank*  
5. Full Name of Mother, *Emma Lorenz*  
6. Mother's Maiden Name, *Stühmann*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Peter Lorenz*  
9. Father's Occupation, *Labrer*  
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs. Louise Kraft*  
*# 236 Canton Ave.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 4<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *164 Hanover St*
5. Full Name of Mother *Susan Bennett*
6. Mother's Maiden Name *Susan Harman*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *Allen Bennett*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Balto Md*
- Name of Medical Attendant, or other Person who makes this Return. *C. L. Lewis*
- Address *162 Hanover St*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White race
3. Date of Birth July 5<sup>th</sup> 1881 Lived 3 hours Died in Spasms
4. Place of Birth, (Street and Number) Poppleton St No 28
5. Full Name of Mother Lizzie M. Smith
6. Mother's Maiden Name Lizzie M. Smith
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John E. Meier
9. Father's Occupation Corn Maker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Hunter
- Address 21 N Poppleton St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th July 1881*
4. Place of Birth (Street and Number) *157 W. George St.*
5. Full Name of Mother *Eloise Antonia Mitchell*
6. Mother's Maiden Name *Eloise Antonia Knechtling*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James A. Mitchell*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *James Smith*
- Address *329 Light St.*
- Remarks

Report to the Registrar of Births, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female).

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6th 1881

4. Place of Birth, (Street and Number)

Eastern Ave

5. Full Name of Mother,

Reginia Seitz

6. Mother's Maiden Name,

Reginia Kellner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Seitz

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Mary K. Simmes

Address,

171 S. Washington

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 5<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *6 May St Court*
5. Full Name of Mother *Mary Lizzie Michel*
6. Mother's Maiden Name *Rexter*
7. Mother's Birthplace *Balt. County*
8. Full Name of Father *William Michel*
9. Father's Occupation *Brick Moulder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *City Lockman*
- Address *25 May St*
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
July 5<sup>th</sup>  
Madison St. 18 90  
Martha Giesriel  
Martha Coile  
Baltimore  
John Giesriel  
Brass Houlder  
Baltimore  
Mrs Sarah Wooden  
120 Greemount Av



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 5<sup>th</sup> 1881*
4. Place of Birth (Street and Number), *Edmundson av*  
*Temporary Residence* *St Andrew*
5. Full Name of Mother *Jula Carter*
6. Mother's Maiden Name *Jula Mason*
7. Mother's Birthplace *Richmond Va*
8. Full Name of Father *Thomas J Carter*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Memphis. Ten.*
- Name of Medical Attendant, or other Person who make this Return. *C. W. Latham M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth July 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 126 South Avenue St
5. Full Name of Mother Elycia Jane Smith
6. Mother's Maiden Name Elycia Jane Bullisier
7. Mother's Birthplace Worcester Massachusetts
8. Full Name of Father Samuel L. Smith
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Henry Connor 153 Collington Ave
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 5<sup>th</sup>
4. Place of Birth, (Street and Number) 15 Caroline St
5. Full Name of Mother Anna König
6. Mother's Maiden Name Paulus
7. Mother's Birthplace Germany
8. Full Name of Father William König
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Gehlke
- Address 15 S. Bond St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *5th July*
4. Place of Birth, (Street and Number) *Caroline st.*
5. Full Name of Mother, *Harriet Bailey*
6. Mother's Maiden Name, *Harriet Leggin*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Edmund Bailey*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Leah Walker*

Address, *No. 15 Duncan's Alley*

Remarks, *The child is now, promising and healthy at present.*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *July 5<sup>th</sup>*
4. Place of Birth, (Street and Number) *1520 Dallas St. Balt. Md.*
5. Full Name of Mother, *Harriet Sherman*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *"*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Names of Medical Attendant, or other Person who makes this Return *Dr. Frank H. Green*
- Address, *1520 Dallas St. Balt. Md.*
- Remarks, *It is being kept very diligently, held in, not lost.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

455112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup> child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

5<sup>th</sup> July /81

4. Place of Birth (Street and Number)

255 Light

5. Full Name of Mother

Mary Freeburger

6. Mother's Maiden Name

Bellon

7. Mother's Birthplace

Balt.

8. Full Name of Father

Alce. Freeburger

9. Father's Occupation

Photographer

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster

Address

57 Banner

Remarks

From the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4 Child*
1. Sex, (state whether male or female) *Female Child*
2. Race or Color, (if not of the white race) *Colored Child*
3. Date of Birth, *Born July the 5*
4. Place of Birth, (Street and Number) *Path alley No 15*
5. Full Name of Mother, *Mary ann bar*
6. Mother's Maiden Name, *Maiden Mary ann hupfer*
7. Mother's Birthplace, *Bar Chester Conkey*
8. Full Name of Father, *William car*
9. Father's Occupation, *General labor*
10. Father's Birthplace, *Bar Chester Conkey*
- Name of Medical Attendant, or other Person who makes this Return *Mrs S. J. Willson*
- Address.....
- Remarks.....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

July 5<sup>th</sup> 1881

4. Place of Birth (Street and Number)

87 Chew

5. Full Name of Mother

Gertrude

6. Mother's Maiden Name

Petticord

7. Mother's Birthplace

Balt.

8. Full Name of Father

Geo. W. West

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. P. Remond.

Address

186 Disquit St.

Remarks

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... July 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... #198 S. Bondstreet.
5. Full Name of Mother, ..... Maggie Stiles
6. Mother's Maiden Name, ..... Muller
7. Mother's Birthplace, ..... Germany
8. Full Name of Father, ..... George Stiles
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... Germany
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Louise Kraft.
- Address ..... 236 Canton Ave.
- Remarks, .....



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

July 5, 1887

161 W Lombard St

Amie Brooks

"

Frederick C. Md

Unknown

"

G. D. Conner M.D.

161 W Lombard St

"

Legitimate

That any physicians, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 5th
4. Place of Birth (Street and Number) Stockton St. 75, Baltimore Md.
5. Full Name of Mother Clarence Barrett Parrish
6. Mother's Maiden Name Clarence Barrett
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Arthur Parrish
9. Father's Occupation Cookman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Martha Moore  
Midwife 133 Clayton Row  
all well please to excuse the delay  
as I am sick with the asthma

alive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics; Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 6<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *60 Scott St*

5. Full Name of Mother, *Emily A. Turner*

6. Mother's Maiden Name, *Emily G. Mooker*

7. Mother's Birthplace, *California, D. C.*

8. Full Name of Father, *James A. Turner*

9. Father's Occupation, *Book Dealer*

10. Father's Birthplace, *Charles C. Md*

Name of Medical Attendant, or other Person who makes this Return *Charles C. Mooker M.D.*

Address *146 N. Anne St*

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13 1881

4. Place of Birth, (Street and Number) 61 Lancaster St

5. Full Name of Mother, Mary Hendon

6. Mother's Maiden Name, Mary Hagner

7. Mother's Birthplace, America

8. Full Name of Father, John Hendon

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 1 South Hope St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 6 1881
4. Place of Birth, (Street and Number) 223 B. W. 10th St
5. Full Name of Mother Elizabeth Earnest
6. Mother's Maiden Name Key
7. Mother's Birthplace Baltimore
8. Full Name of Father Christian Earnest
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1st 1881*
4. Place of Birth (Street and Number) *223 William St.*
5. Full Name of Mother *Mary Lewis*
6. Mother's Maiden Name *Mary Cashey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John M. Lewis*
9. Father's Occupation *Boatman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Conway 194 Bate St.*
- Address *Bate St.*
- Remarks



\*The any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

6 July

4. Place of Birth, (Street and Number)

45 President

5. Full Name of Mother,

Linn Linn

6. Mother's Maiden Name,

Jung

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Will Linn

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maria Casper

Address,

72 E Lombard

Remarks,

At the City of Baltimore, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Louis Henry Kaiss, Jr.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 26th, 1887.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *1226 N. Dallas St. No. 54.*

Remarks.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July the 6, 1881.*
4. Place of Birth, (Street and Number) *Eastern Ave. 1394.*
5. Full Name of Mother, *Elisabetha Jöckel*
6. Mother's Maiden Name, *Elisabetha Hiemann*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Eduard Jöckel*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this return *Harry E. Miller*

Address, *McCallas St. 1226.*

Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 6<sup>th</sup> 1886*
4. Place of Birth (Street and Number) *Constitution & Durham*
5. Full Name of Mother *Mary A. Kroeber*
6. Mother's Maiden Name *Mary A. Ruth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Julius J. Kroeber*
9. Father's Occupation *Grocery & Food Merchant*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *W. A. Dohme, M.D.*
- Address *#86, 9 Fayette St*
- Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *10<sup>th</sup> (1/2<sup>nd</sup>)*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *July 6<sup>th</sup> 1887*
4. Place of Birth, (Street and Number) *No. 375 E. Gayette St.*
5. Full Name of Mother *Mrs. Lavinia Williams*
6. Mother's Maiden Name *Mrs. Lavinia Fowler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Mr. John H. Williams*
9. Father's Occupation *Tanner*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Glendine M.D.*
- Address *No. 102 E. Broadway*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

Address

Remarks

The tenth  
male

White

E. of City

South west cor Jefferson & Castle

Cathrin Gerlach

" " Shot

Herron Lake

Charles Gerlach

Hesse, Denmark

Mrs. Fisher No 82 N 11th St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The child and mother alive*
1. Sex (state whether Male or Female) *it is a Boy.*
2. Race or Color (if not of the white race) *Colord*
3. Date of Birth *July 24 6*
4. Place of Birth (Street and Number) *126 N Dallas*
5. Full Name of Mother *Amanda Holly*
6. Mother's Maiden Name *Amanda Bonnet*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Bonnet*
9. Father's Occupation *Baltimore Md*
10. Father's Birthplace *Work in the Brick yard*
- Name of Medical Attendant, or other Person who makes this Return. *Aunde Dunker*
- Address *122 N Dallas*
- Remarks

*they are in good health*

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 6<sup>th</sup> 1881*

4. Place of Birth (Street and Number) *125 Carrollton Ave*

5. Full Name of Mother *Emma Patricia Smyth*

6. Mother's Maiden Name *E. V. O'Hara*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Robert Bayson Smyth*

9. Father's Occupation *Telegraph Operator*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who make this Return. *Dr. Crim M. D.*

Address

Remarks *Nurse, Lucy Upshur*





advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Fifth*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 6 1881*
4. Place of Birth, (Street and Number)... *N 31 Hamilton St*
5. Full Name of Mother, *Eliza Thomas Preston*
6. Mother's Maiden Name, *Eliza Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John T. Preston*
9. Father's Occupation, *Attorney at Law*
10. Father's Birthplace, *Hartford Ct Maryland*
- Name of Medical Attendant, (or other person who makes this return)... *F. S. Chetard M.D.*
- Address, *N 114 Park Ave*
- Remarks,

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *Colored.*
3. Date of Birth, *7th Day of July. 1881*
4. Place of Birth, (Street and Number) *No. Eldridge St. <sup>Syann</sup>*
5. Full Name of Mother, *Annie Elizabeth Maria Jones.*
6. Mother's Maiden Name, *Annie Elizabeth Maria Jones.*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *Henry Thomas Syann.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Charles County*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Ann Heywood*
- Address, *396 E. Orleans St*
- Remarks, *City.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



24th  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 7th 1887*  
4. Place of Birth (Street and Number) *132 W Pratt*  
5. Full Name of Mother *Catharine Myers*  
6. Mother's Maiden Name *Catharine Rawlings*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Kingey Myers*  
9. Father's Occupation *Machineist*  
10. Father's Birthplace *Fredrick Co. Md*  
Name of Medical Attendant, or other Person who make this Return. *A H Sutton M.D.*  
Address  
Remarks

# RETURN OF A BIRTH

45568

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *10 July*
4. Place of Birth, (Street and Number) *No. 66 Granby St*
5. Full Name of Mother, *Karoline Ling*
6. Mother's Maiden Name, *Venier*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Ling*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sophie Venier*
- Address, *No 70 Granby St*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 7th
4. Place of Birth, (Street and Number) No. 822 E. Gayton Ave.
5. Full Name of Mother Margaret Gebhart
6. Mother's Maiden Name Baum
7. Mother's Birthplace Baltimore
8. Full Name of Father Fred. Gebhart
9. Father's Occupation Miller
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Geyke
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

If at any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 7th
4. Place of Birth, (Street and Number) 235. Gough st.
5. Full Name of Mother Mrs. Fitchner
6. Mother's Maiden Name Sebach
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. Fitchner
9. Father's Occupation Chas. Miller
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Getzke
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

218566

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 17, 1891*
4. Place of Birth, (Street and Number) *214 Calver St.*
5. Full Name of Mother, *Miss Mary A. Williams*
6. Mother's Maiden Name, *Miss Mary Ann Young*
7. Mother's Birthplace, *Chesapeake, Prince George's County, Md.*
8. Full Name of Father, *J. P. Williams*
9. Father's Occupation, *Lab.*
10. Father's Birthplace, *Magister, Anderson, Co. Md.*
- Name of Medical Attendant, *or other Person who makes this Return. Mrs. Julia A. Dins*
- Address, *do do Calver St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child.*

1. Sex (state whether male or female) *Male.*

2. Race or Color (if not of the white race) *White race.*

3. Date of Birth *The 7<sup>th</sup> July.*

4. Place of Birth (Street and Number) *City 47 Bedford Alley.*

5. Full Name of Mother *Mary Wofford.*

6. Mother's Maiden Name *Mary Mares.*

7. Mother's Birthplace *in Baltimore*

8. Full Name of Father *James Wofford.*

9. Father's Occupation *a Blacksmith*

10. Father's Birthplace *in Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Theresa Luther Midwife*

Address *No 14 Union st*

Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, July 10
4. Place of Birth, (Street and Number) 175 E. Broadway
5. Full Name of Mother, Marie Eus
6. Mother's Maiden Name, Pepeno
7. Mother's Birthplace, Balt Md
8. Full Name of Father, James L Eus
9. Father's Occupation, Wor Rm an
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who make this Return Mrs. Sarah Cairnes
- Address, 72 E. Lombard
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

July 7

4. Place of Birth (Street and Number)

414<sup>th</sup> Lexington  
E. J. Harding

5. Full Name of Mother

addison

6. Mother's Maiden Name

7. Mother's Birthplace

Thos M. S. Harding  
Md  
Engineer

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Md  
Thomas O'Brien  
39 N. Carey St.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 7<sup>th</sup> 89*
4. Place of Birth, (Street and Number) *# 292 Hanover St.*
5. Full Name of Mother, *Theresa Ebert*
6. Mother's Maiden Name, *St. Adelman*
7. Mother's Birthplace, *Baden*
8. Full Name of Father, *Frederick Wm Ebert*
9. Father's Occupation, *Glass Blower*
10. Father's Birthplace, *Polish*
- Name of Medical Attendant, or other Person who makes this Return *Chas Brok*
- Address, *328. E. Euter St.*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

9

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) 3 females
2. Race or Color (if not of the white race) White
3. Date of Birth July the 7 1881
4. Place of Birth (Street and Number) Common st No 514
5. Full Name of Mother Ellace Murren
6. Mother's Maiden Name Ellis man
7. Mother's Birthplace Ireland
8. Full Name of Father John Murren
9. Father's Occupation labrer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Pelly
- Address 792 Pratt st
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth 10  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7th 1881

4. Place of Birth, (Street and Number)

399 Gay St.

5. Full Name of Mother,

Mary D. Tylic

6. Mother's Maiden Name,

" " Coughen

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm C Tylic

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, (other person who makes this Return.)

Regina A. Winter

Address,

186 Harford Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 1st 1901
4. Place of Birth, (Street and Number) 448 E. 1st St.
5. Full Name of Mother Corrie Hughes
6. Mother's Maiden Name Corrie Hughes
7. Mother's Birthplace Washington D.C.
8. Full Name of Father John Hughes
9. Father's Occupation Bookkeeper
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Dr. C. G. Mendenhall

Address 642 S. E. 1st St.

Remarks \_\_\_\_\_



Where at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....

48575  
June 8. 1881.  
J. H. H. Co. 63  
Mary Henrich  
Cannon  
Balt.  
Frederick Henrich  
Hawthorn  
West 3rd St. Po  
New York Branch  
L. H. H. Co. 63



anytime at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 8th 1881

4. Place of Birth, (Street and Number)

1058 William St.

5. Full Name of Mother,

B. Gerschky

6. Mother's Maiden Name,

J. Gluck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andrew Gerschky

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. V. Butt

Address, 20185 S. E. cor Central av & Monument St.

Remarks, All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 8th 1881*
4. Place of Birth (Street and Number) *143 S. Dallas*
5. Full Name of Mother *Sidney Harris.*
6. Mother's Maiden Name *Sidney Lane*
7. Mother's Birthplace *Dorchester County.*
8. Full Name of Father *John R. Harris.*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Evelan M. M.*  
*1015 Gough St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 8

4. Place of Birth (Street and Number)

441 Co Fayette St

5. Full Name of Mother

Esther Hunter

6. Mother's Maiden Name

Carrie Wagner

7. Mother's Birthplace

Spent in MD

8. Full Name of Father

J H Hunter

9. Father's Occupation

Teacher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ralph Hunter

Address

554 Co Fayette St

Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 8 July
4. Place of Birth, (Street and Number) c/o 80 N. High St
5. Full Name of Mother, Jinnie Parker
6. Mother's Maiden Name, Eusein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Parker
9. Father's Occupation, None
10. Father's Birthplace, Balt

Name of Medical Attendant, Sophia Simon  
or other Person who makes this Return.

Address, N. 70 Green St

Remarks, —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



*118580*  
Name of Child: *James Herbert Arthur*  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 8th 1881*  
4. Place of Birth (Street and Number) *681 Lexington St.*  
5. Full Name of Mother *Mrs. Lizzie Kimble Arthur*  
6. Mother's Maiden Name *Harman*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *John Fleming Arthur*  
9. Father's Occupation *Teacher*  
10. Father's Birthplace *Pittsburg - Pa.*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Wm. C. Murray M.D.*  
Remarks *308 W. Fayette St.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh child*
1. Sex (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *July 8th 1887*
4. Place of Birth, (Street and Number) *41 S. Fulton St.*
5. Full Name of Mother *Anna M. Light*
6. Mother's Maiden Name *Carphell*
7. Mother's Birthplace *Lehigh Co. Pennsylvania,*
8. Full Name of Father *John Light*
9. Father's Occupation *Clergyman*
10. Father's Birthplace *Lebanon Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return. *H. K. Fetterhoff, M.D.*
- Address *205 W. Biddle St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male, second child

2. Race or Color (if not of the white race)

colored

3. Date of Birth

18 July 1881

4. Place of Birth (Street and Number)

#2 McKeldin St etc

5. Full Name of Mother

Sarah Jane Brown

6. Mother's Maiden Name

Sarah Jane Pratt

7. Mother's Birthplace

Baltimore in D

8. Full Name of Father

Edward Brown

9. Father's Occupation

deceased

10. Father's Birthplace

Baltimore in D

Name of Medical Attendant, or other Person who makes this return

nurse glasscock

Address

McKeldin St etc

Remarks

healthy

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 8<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

6 Clark St.

5. Full Name of Mother,

Caroline L. Wall.

6. Mother's Maiden Name,

Caroline L. Wright.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Charles A. Wall.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

John Drumington M.D.

Address,

134 N. Carrollton St.

Remarks,

Review of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



received at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent; and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *8<sup>th</sup> of July*  
4. Place of Birth, (Street and Number) *Wilson Street no number*  
5. Full Name of Mother, *Susan Moore*  
6. Mother's Maiden Name, *Marshall*  
7. Mother's Birthplace, *Ohio*  
8. Full Name of Father, *John Moore*  
9. Father's Occupation, *Conductor*  
10. Father's Birthplace, *Pennsylvania*  
Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*  
Address, *369 Cathedral St.*  
Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant,  
Address,  
Remarks,

Male  
White  
July 3<sup>rd</sup> 1881  
1016 Hammond Street  
Annin, David  
Germany  
Friedrich, David  
Cigar maker  
Germany  
Mrs. M. J. Butt  
Central av. & Monument St.

Example: The Registrar of Baltimore City, Baltimore, Md., is required to receive and record all births occurring in the City of Baltimore, and to issue a certificate of birth to the parents of the child, and to issue a certificate of death to the family of the deceased. The Registrar is also required to keep a record of all births and deaths occurring in the City of Baltimore, and to issue a certificate of birth to the parents of the child, and to issue a certificate of death to the family of the deceased.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

Return of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 3<sup>rd</sup> 1881*

4. Place of Birth, (Street and Number) *1016 Summerset Street*

5. Full Name of Mother, *Annice Bend*

6. Mother's Maiden Name, *Annie Bend*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Friedrick B. Bend*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. J. Butt*

Address, *No. 185 E. corner Central av. & Monument St.*

Remarks, *All well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48586

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth July 8<sup>th</sup> 1889
4. Place of Birth (Street and Number) 306 Eutaw St.
5. Full Name of Mother ~~Ann Lamb~~ Mrs W<sup>m</sup> Scott
6. Mother's Maiden Name Ann Lamb
7. Mother's Birthplace Maryland
8. Full Name of Father W<sup>m</sup> Scott
9. Father's Occupation Engineer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. William Lee
- Address Eutaw & Hoffman
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
July 8th  
No 200 Lee St  
Mary Spurgeon  
" Taylor  
Virginia  
Richard Parson  
Band watchman  
Annapolis  
J. C. Parson M.D.  
1515 Lincoln St

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

## BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

- 8.
- Date of Birth,*

- 4.
- Place of Birth, (Street and Number)*

5. Full Name of Mother,

8. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

8. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

*Address,*

Remarks.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 10 1881*
4. Place of Birth, (Street and Number) *No. 286 E Madison St*
5. Full Name of Mother, *Henrietta Hutton*
6. Mother's Maiden Name, *Henrietta Harrigold*
7. Mother's Birthplace, *Bremen*
8. Full Name of Father, *Edward Hutton*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Atwell*
- Address, *286 E. Lexington*
- Remarks,





advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 9<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

437 Chestnut St

5. Full Name of Mother,

Lattie Page

6. Mother's Maiden Name,

Lattie Smith

7. Mother's Birthplace,

Charleston S. C.

8. Full Name of Father,

John Page

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Azusa Geo.

Name of Medical Attendant, or other Person who makes this return.

Harriet Jackson

Address,

45 Garrett St

Remarks,

1881. The City of Baltimore, an, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43591

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 9
4. Place of Birth, (Street and Number) Locust Point Harbor st of the harbor
5. Full Name of Mother Matilda Becker
6. Mother's Maiden Name Matilda Florie
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Adam Becker
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Magie Ettel
- Address No 13 Cuba St Locust Point
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No. 33 Burke St Baltimore
5. Full Name of Mother, Ab. S. Mangel
6. Mother's Maiden Name, " " Lybber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. P. J. Mangel
9. Father's Occupation, House Painter
10. Father's Birthplace, Williamsburgh N. Y.
- Name of Medical Attendant, or other Person who makes this Return Dr. J. J. Mangel
- Address, No. 10 Lawrence St Baltimore
- Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 of July 1881* *8*
4. Place of Birth, (Street and Number) *504 Canton St*
5. Full Name of Mother, *Emma Berg*
6. Mother's Maiden Name, *Hest G.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Berg*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Durden*
- Name of Medical Attendant, or other Person who makes this return *Mrs Wiley*
- Address, *12 Patterson Park St.*
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Child.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 9<sup>th</sup> 1881.*

4. Place of Birth, (Street and Number) *224 S. Sharp St.*

5. Full Name of Mother, *Anna M. Waidner.*

6. Mother's Maiden Name, *" Greutter.*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *Louis A. Waidner*

9. Father's Occupation, *Packer.*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, (or other Person who makes this Return.) *R. J. N. Tall. M.D.*

Address, *152 Sharp St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 9<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 249 N. Calhoun St.
5. Full Name of Mother Maria Rhodes
6. Mother's Maiden Name —
7. Mother's Birthplace New York
8. Full Name of Father John R. Rhodes
9. Father's Occupation Artist
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. John Smith
- Address 224 Convent Ave.
- Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
F

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 9<sup>th</sup> 1881

4. Place of Birth (Street and Number)

197 W. Biddle

5. Full Name of Mother

Rose

6. Mother's Maiden Name

Rose Busbey

7. Mother's Birthplace

MD

8. Full Name of Father

Thos. R. Bayley

9. Father's Occupation

Letter Carrier

10. Father's Birthplace

MD

Thos. J. Latimer

Name of Medical Attendant, or other Person who makes this return.

Address

187 W. Biddle

Remarks

males at the birth of any child, within the City of Baltimore, shall report to the registrar, at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Joseph Agnes Granberry*

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d~~ 4th)

*Second*



1. Sex, (state whether male or female).

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*July 9th 1881*

4. Place of Birth, (Street and Number)

*348 N. Stricker St*

5. Full Name of Mother,

*Minnie A. Granberry Granberry*

6. Mother's Maiden Name,

*Starkey*

7. Mother's Birthplace,

*Louisa Annis Co Md*

8. Full Name of Father,

*Thos M. Granberry Granberry*

9. Father's Occupation,

*Cashier Mercantile Firm*

10. Father's Birthplace,

*Americus Va*

Name of Medical Attendant, or other Person who makes this Return.

*Olias & Price M.D.*

Address,

*262 Madison Ave*

Remarks,



that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Saturday July 9th 1881
4. Place of Birth, (Street and Number) ..... 4537 Bay St
5. Full Name of Mother, ..... Marcella Barber
6. Mother's Maiden Name, ..... Eppin
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Thomas W. Barber
9. Father's Occupation, ..... Buller Dealer
10. Father's Birthplace, ..... Frederick Co Md
- Name of Medical Attendant, or other person who makes this Return, ..... William Simons M.D.
- Address, ..... 25 1/2 Greenmont St
- Remarks, ..... Very Presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Saturday July 9th 1881*

4. Place of Birth (Street and Number) *32 E. Madison St.*

5. Full Name of Mother *Mary Campbell*

6. Mother's Maiden Name *" Glebe*

7. Mother's Birthplace *Baltimore, Md*

8. Full Name of Father *James Campbell*

9. Father's Occupation *Oyster Dealer*

10. Father's Birthplace *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return *W. H. Driscoll M.D.*

Address *25 1/2 Greenmount Ave*

Remarks *Very Presentation*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth Saturday July 9th. 1888

4. Place of Birth (Street and Number) 12 S. Harford st

5. Full Name of Mother Emma Hester

6. Mother's Maiden Name Emma Wheately

7. Mother's Birthplace St. Marys Co. Md

8. Full Name of Father William Hester

9. Father's Occupation Boat Painter

10. Father's Birthplace Dublin, Ireland

Name of Medical Attendant, or other Person who makes this Return Wm. Frintow M.D.

Address 25 1/2 Greenmont st

Remarks Very Presentation

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 of July*
4. Place of Birth, (Street and Number) *190 Monument St*
5. Full Name of Mother, *Lou White*
6. Mother's Maiden Name, *Young*
7. Mother's Birthplace, *Kentucky*
8. Full Name of Father, *Samuel White*
9. Father's Occupation, *Upholster*
10. Father's Birthplace, *Kentucky*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs Ross Young*  
*48 S. Hollander St*

7-18109

Service at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 9<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *140 Colomblai Ave*

5. Full Name of Mother, *Sarah A. Doughty*

6. Mother's Maiden Name, *" " Bealtringham*

7. Mother's Birthplace, *Northumberland Co Pa*

8. Full Name of Father, *J. L. Doughty*

9. Father's Occupation, *Merchandise*

10. Father's Birthplace, *Northumberland Co Pa*

Name of Medical Attendant, or other Person who make this Return *Mr. Harry A. Richmond*

Address *185 Lee St*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, *July 9 1881*.....
4. Place of Birth, (Street and Number) *St. Hilarys No 64*.....
5. Full Name of Mother, *Burara Kallen*.....
6. Mother's Maiden Name, *Waldman*.....
7. Mother's Birthplace, *Balt.*.....
8. Full Name of Father, *William Kallen*.....
9. Father's Occupation, *Knapper*.....
10. Father's Birthplace, *Balt.*.....
- Name of Medical Attendant, or other Person who makes this Return *Wm. Lohr Mousbach*.....
- Address, *St. Hilarys No 17*.....
- Remarks, *Living & well*.....

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 9 1881
4. Place of Birth, (Street and Number) Pratt St. No. 401
5. Full Name of Mother, Elizabeth Schmidt
6. Mother's Maiden Name, Loh
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Sebastian Schmidt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bavaria
- Name of Medical Attendant, or other Person who makes this Return Dr. J. B. Brown
- Address, 211 West 15th St.
- Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, surname, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9<sup>th</sup> 1891
4. Place of Birth, (Street and Number) # 179 S. Bond Street
5. Full Name of Mother, Charles Romanosky
6. Mother's Maiden Name, Beiller
7. Mother's Birthplace, Polen
8. Full Name of Father, Joseph Romanosky
9. Father's Occupation, Laborer
10. Father's Birthplace, Polen
- Name of Medical Attendant, or other Person who make this Return Mrs. Louise Kraft
- Address, 236 Canton Ave.
- Remarks,



advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*July 9th 1881*

4. Place of Birth, (Street and Number)

*16. 380 E. Calver St.*

5. Full Name of Mother,

*Mrs. Applebee*

6. Mother's Maiden Name,

*Mrs. Miller*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*John Applebee*

9. Father's Occupation,

*Cannemaker*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. H. V. Birt*

Address, *1615 E. Calver St. cor. V. Monument St.*

Remarks, *400 Well*



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 9. 1881*
4. Place of Birth, (Street and Number) *276 Division St-*
5. Full Name of Mother, *Mary Ann Rice*
6. Mother's Maiden Name, *Hughes*
7. Mother's Birthplace, *Philadelphia*
8. Full Name of Father, *Martin Rice*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, *Mary Ann Rice M.D.*  
or other Person who makes this Return
- Address, *65 W. Calver St.*
- Remarks,

Parents at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

148608

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Only 9, 1881

314 E. John St.

Georgiana Matthews

" Starr

Balto.

Thos L. Matthews

Corresponding Clerk

Balto

W. H. White - M.D.

314 N. Broadway

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 10<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 46 Ann St
5. Full Name of Mother Selina Lusby
6. Mother's Maiden Name Pasere
7. Mother's Birthplace New York
8. Full Name of Father John Thomas B. Lusby
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. D. W. Cathell M.D.
- Address 2 N. Broadway
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

118610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 10 1881
4. Place of Birth, (Street and Number) 38 Battery Ave
5. Full Name of Mother Lena Haffner
6. Mother's Maiden Name Lena Helrich
7. Mother's Birthplace Baltimore
8. Full Name of Father John Haffner
9. Father's Occupation Deliverance Clerk
10. Father's Birthplace Wheaton, Germany
- Name of Medical Attendant Mrs. Anna W. Wash or other Person who makes this Return.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *July 10<sup>th</sup> 1881*  
4. Place of Birth, (Street and Number) *# 250 Douglas St*  
5. Full Name of Mother, *Lattie Peter*  
6. Mother's Maiden Name, *Lattie Peter*  
7. Mother's Birthplace, *Eastern Shore Md.*  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,  
Name of Medical Attendant, or other Person who makes this Return, *Harriet Jackson*  
Address, *# 5 Barrest St*  
Remarks,

Report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10/81.

4. Place of Birth, (Street and Number)

164 W. Lombard St. "Marinetti"

5. Full Name of Mother,

Lottie Hill

6. Mother's Maiden Name,

"  
Gettysburg Pa

7. Mother's Birthplace,

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

W. Thompson Mrs.  
164 W. Lombard St

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

Allegiance

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

118613

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 April 1886
4. Place of Birth, (Street and Number) 2561st St NW 5th
5. Full Name of Mother, Spalet McBrine
6. Mother's Maiden Name, Spalet
7. Mother's Birthplace, Prussia County
8. Full Name of Father, Edw. McBrine
9. Father's Occupation, farmer
10. Father's Birthplace, Prussia County
- Name of Medical Attendant, Dr. Spalet or other Person who makes this Return Dr. Spalet
- Address, 2561st St NW 5th
- Remarks, 61



received at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16th of July 1881.*

4. Place of Birth, (Street and Number) *545 East Fayette Street.*

5. Full Name of Mother, *Susan Dimson*

6. Mother's Maiden Name, *Susan Jones.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John H. Jones*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return. Prescilla Kunkel*

Address, *12 North Chapel Street, per Prescilla Kunkel*

Remarks, *Healthy.*

See also the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10<sup>th</sup> of July 1881*
4. Place of Birth, (Street and Number) *139 Hudson St*
5. Full Name of Mother, *Evelyn Gayne*
6. Mother's Maiden Name, *Macarty*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Gayne*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *1018 Patterson Park St*
- Remarks, *Called in doctor Williams.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 10 1881*
4. Place of Birth, (Street and Number) *No 1583 E Madison St*
5. Full Name of Mother, *Sarah E. Carrick*
6. Mother's Maiden Name, *Sarah E. Babbe*
7. Mother's Birthplace, *Maine*
8. Full Name of Father, *Benjamin Carrick*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Harry M. Allwell*
- Address, *886 E Broadway*
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2 of  
Female  
White  
10th  
Baltimore 164 Polkman St  
Julia C Bull  
Julia Cavanagh  
Baltimore  
Dr. H. Bull  
Barryman  
Baltimore  
Dr. Barryman  
Baltimore  
Dr. Barryman  
Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *July 10, 1901*

4. Place of Birth (Street and Number) *418 Park Ave*

5. Full Name of Mother *Mary Ellen Ward*

6. Mother's Maiden Name *Mary Allen*

7. Mother's Birthplace *Green Haven Conn*

8. Full Name of Father *Wm. Ed. Lord*

9. Father's Occupation *Attorney at Law*

10. Father's Birthplace *Springfield Ohio*

Name of Medical Attendant, or other Person who makes this Return. *B. H. Herriman*

Address *5 N. Carey St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Mrs Sophia and M. Ireland

girl child the first

Brown skin

Born July the 10 1881

Sarah Ann Str No 45

Mother Sophia Ireland

Born in Maryland County

Charles Berryman

Bookkeeping

Baltimore

Mrs Jane Gilbert

No 53 Arch Str

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48621

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 10<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 177 Linden Avenue*
5. Full Name of Mother *Lulu J. Hanna*
6. Mother's Maiden Name *Lulu J. Schock*
7. Mother's Birthplace *Louisville Kentucky*
8. Full Name of Father *Charles F. Hanna*
9. Father's Occupation *Cashier of Custom House*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Jos. Lloyd Martin M.D.*
- Address *No 38 Mount Vernon Place*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

148622

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *10th of July*
4. Place of Birth, (Street and Number) *353 Cathedral St.*
5. Full Name of Mother, *Ella Hopple.*
6. Mother's Maiden Name, *Kelly.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Lazuel Hopple.*
9. Father's Occupation, *laborer.*
10. Father's Birthplace, *Pennsylvania.*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby.*
- Address, *369 Cathedral St.*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 10 1901
4. Place of Birth, (Street and Number) 1011 Maple St
5. Full Name of Mother Mrs. Joseph
6. Mother's Maiden Name Mrs. Murphy
7. Mother's Birthplace Irish
8. Full Name of Father John (Charles) Murphy
9. Father's Occupation Bookkeeper
10. Father's Birthplace Irish
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Murphy
- Address 3411 E. Baltimore
- Remarks \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 19, 1881

4. Place of Birth, (Street and Number)

20 Bank St.

5. Full Name of Mother,

Jennie Schaefer

6. Mother's Maiden Name,

Lawn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schaefer

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who  
makes this Return.

A. E. Enck M.D.

Address,

94 S. Broadway

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

118126

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... *June 10 1881*
4. Place of Birth, (Street and Number)..... *Clayton St. No 298*
5. Full Name of Mother,..... *Emmy Reinhardt*
6. Mother's Maiden Name,..... *Wiemers*
7. Mother's Birthplace,..... *Wolomans York Co.*
8. Full Name of Father,..... *Julius Reinhardt*
9. Father's Occupation,..... *Leiner*
10. Father's Birthplace,..... *Balt.*
- Name of Medical Attendant, or other Person who makes this Return..... *Wm. Loh Reinhardt*
- Address,..... *Clayton St. No 14*
- Remarks,..... *See page*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd 8th*
1. Sex, (state whether male or female) *male and female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 10, 1881*
4. Place of Birth, (Street and Number) *Springfield, Md.*
5. Full Name of Mother, *Josephine Richner*
6. Mother's Maiden Name, *Weiskopf*
7. Mother's Birthplace, *Prussia, Posen*
8. Full Name of Father, *August Richner*
9. Father's Occupation, *Glasermeister*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Krambach*
- Address, *Dr. Weiskopf, No. 14*
- Remarks, *1st child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 10, 1884*
4. Place of Birth, (Street and Number) *153 N. Carey St.*
5. Full Name of Mother, *Effie Winchmeyer*
6. Mother's Maiden Name, *Deckslein*
7. Mother's Birthplace, *Philadelphia*
8. Full Name of Father, *Edward Winchmeyer*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Marbury Brewin M.D.*
- Address, *27 W. Calver Street*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 July 1881*

4. Place of Birth, (Street and Number) *St. James St.*

5. Full Name of Mother, *Margaret Ann*

6. Mother's Maiden Name, *Green*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Law*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Polk*

Name of Medical Attendant, or other Person who makes this Return *Joseph H. Kavan*

Address, *St. James St.*

Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Male

White

July 11th 1921  
1137 Madison St

Julia C. McCarthy  
U.S.A.

Michael C. McCarthy  
Rabber

U.S.A.  
E. J. Williams M.D.  
17 Baltimore St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

0

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 10th, 1891.

4. Place of Birth (Street and Number)

558 N. Gay St.

5. Full Name of Mother

Ella C. Webb

6. Mother's Maiden Name

Carry New Jersey

7. Mother's Birthplace

8. Full Name of Father

Richard Webb

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingslea

Address

256 E. John St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Louise Dobson*  
*4*  
*First*  
*Maryland*  
*John G. Dobson*  
*Salmon Kuper*  
*Maryland*  
*Dr. Thomas C. Die*  
*39 N. Cary St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 11th 1881.*

4. Place of Birth, (Street and Number) *149 Franklin St*

5. Full Name of Mother, *Mary McCubbin*

6. Mother's Maiden Name, *Mary Heil*

7. Mother's Birthplace, *Washington, D.C.*

8. Full Name of Father, *Rich. C. McCubbin*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Washington, D.C.*

Name of Medical Attendant, *A. C. Fox, M.D.*  
or other Person who makes this Return

Address, *467 W. Fayette St*

Remarks, *(7 months child)* *Baltimore.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-4-54  
**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

*Charles Harry Kroneberger*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 11<sup>th</sup> 1888*

4. Place of Birth (Street and Number) *52 Highly St.*

5. Full Name of Mother *Palmyra Josephine Kroneberger*

6. Mother's Maiden Name *Palmyra J. Miller*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles F. Kroneberger*

9. Father's Occupation *Plan. Mfr.*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Doherty*

Address *86 E. Fayette St.*

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Irish*
3. Date of Birth, *July 11*
4. Place of Birth, (Street and Number) *231 So. Madison St.*
5. Full Name of Mother, *Emma Adams*
6. Mother's Maiden Name, *Emma Baker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Adams*
9. Father's Occupation, *Mat.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Isabella Oliver*
- Address, *214 N. Eden St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 11<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *324 Bond St.*
5. Full Name of Mother, *Theresa Loe*
6. Mother's Maiden Name, *Theresa Green*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Henry Loe*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return

Address, *17 South Hays St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar not less than within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) 9

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 11th, 1881

4. Place of Birth (Street and Number) 63 Sarah-Ann St

5. Full Name of Mother Rachel M. Smith

6. Mother's Maiden Name " Snoden

7. Mother's Birthplace Prince Geo. Co. Md

8. Full Name of Father James H. Smith

9. Father's Occupation Drayman

10. Father's Birthplace Maryland

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

Dr. J. Dingling,  
152 1/2 N. Britton St.

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *11th July*
4. Place of Birth, (Street and Number) *54 Stiles St.*
5. Full Name of Mother, *Agnes L. Glass*
6. Mother's Maiden Name, *Wickens*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Glass*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Simon*
- Address, *No 78 Granby St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report in the regular address, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First*  
1. Sex, (state whether male or female)... *Female*  
2. Race or Color, (if not of the white race)... *White*  
3. Date of Birth, *July 11<sup>th</sup> 1889*  
4. Place of Birth, (Street and Number)... *Arcade Lane #3*  
5. Full Name of Mother, *Eurline Berdas*  
6. Mother's Maiden Name, *"*  
7. Mother's Birthplace, *Charleston S.C.*  
8. Full Name of Father, *Unknown*  
9. Father's Occupation, *"*  
10. Father's Birthplace, *"*  
Name of Medical Attendant, or other Person who makes this Return, *Wm. Gombel, M.D.*  
Address, *1701 S. Sharp St.*  
Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118640

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*  
 1. Sex, (state whether male or female) *male and female*  
 2. Race or Color, (if not of the white race) *colored*  
 3. Date of Birth, *11 of July*  
 4. Place of Birth, (Street and Number) *66 Vincent Street Baltimore*  
 5. Full Name of Mother, *Mary Freeman*  
 6. Mother's Maiden Name, *Mary Gay*  
 7. Mother's Birthplace, *Labat co Md*  
 8. Full Name of Father, *John Freeman*  
 9. Father's Occupation, *Strodder around the wharf*  
 10. Father's Birthplace, *Labat co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary C. Rogers*  
 Address, *10 S Cherry St Baltimore*  
 Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored* Race
3. Date of Birth, *July 11 1887*
4. Place of Birth, (Street and Number) *265 Mackover St*
5. Full Name of Mother, *Lusan Morris*
6. Mother's Maiden Name, *Lusan Procter*
7. Mother's Birthplace, *Piedmont City*
8. Full Name of Father, *George W. Morris*
9. Father's Occupation, *Wester Shucker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes the Return, *Lucinda Wolford*
- Address, *130 N. Regester St*
- Remarks, *M. Remarke*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 11<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 32 Abbey ally
5. Full Name of Mother L. Miller
6. Mother's Maiden Name L. Schick
7. Mother's Birthplace Baltimore
8. Full Name of Father A. Miller
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catharine Horner
- Address No 18 Bayard st
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 11<sup>th</sup>
4. Place of Birth, (Street and Number) N<sup>o</sup> 24 Abbey St.
5. Full Name of Mother Sarah Hoffman
6. Mother's Maiden Name Sarah Langdon
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrich Hoffman
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catharine Shorner
- Address N<sup>o</sup> 18 Byrd St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1186411

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 5 Maryland St

5. Full Name of Mother Katilda Minnister

6. Mother's Maiden Name Katilda Grauling

7. Mother's Birthplace Balto

8. Full Name of Father Jacob Minnister

9. Father's Occupation Fireman on the railroad

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth T. Craddock

Address 452 Fort Ave

Remarks Mother and child is doing well

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUL  
18  
1891

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th child July 11th 1891*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 11th 5:30 a.m. 1891*
4. Place of Birth, (Street and Number) *No. 76 S. Dallas Street*
5. Full Name of Mother, *Henry Lighter Gibson*
6. Mother's Maiden Name, *H. Stevens*
7. Mother's Birthplace, *Howard Co. Md*
8. Full Name of Father, *Geo. W. Stevens*
9. Father's Occupation, *labor*
10. Father's Birthplace, *of Virginia*
- Name of Medical Attendant, *Bessie Morgan midwife*
- Address, *No. 47 E. G. Durham Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48646

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 0
1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) white
3. Date of Birth 11 day July
4. Place of Birth (Street and Number) Baltimore 180 Washington St
5. Full Name of Mother Marnet Barnes
6. Mother's Maiden Name Denel
7. Mother's Birthplace Baltimore
8. Full Name of Father William Barnes
9. Father's Occupation labor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Garah Harrington
- Address 65 Cambridge St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48647

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex (state whether Male or Female) Y  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth July 11th 1887  
4. Place of Birth (Street and Number) 55 North Gay St  
5. Full Name of Mother Carrie Kiege  
6. Mother's Maiden Name Carrie Genger  
7. Mother's Birthplace Prussia  
8. Full Name of Father Charles Kiege  
9. Father's Occupation \_\_\_\_\_  
10. Father's Birthplace Balti Md.  
Name of Medical Attendant, or other Person who makes this Return. Chas. Morfitt  
Address No 67 E Baltimore St  
Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *11 July*
4. Place of Birth, (Street and Number) *48 S High*
5. Full Name of Mother, *Mrs Eppers*
6. Mother's Maiden Name, *Eckhard*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Georg Eppers*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other person who makes this Return *Dr. Para Casper*
- Address, *72 E Lombard*
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *11 July*
4. Place of Birth, (Street and Number) *236 E. Madison*
5. Full Name of Mother, *Park. Mead*
6. Mother's Maiden Name, *Town*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Will. Mead*
9. Father's Occupation, *Clark*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Casper*
- Address, *72 E. Lombard*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 11<sup>th</sup> July 1881
4. Place of Birth, (Street and Number) 324 Laureate st
5. Full Name of Mother Ann Jones
6. Mother's Maiden Name Lorton
7. Mother's Birthplace Balt.
8. Full Name of Father J. E. Jones
9. Father's Occupation clerk
10. Father's Birthplace Marblehead
- Name of Medical Attendant, or other Person who makes this Return. H. W. Neale
- Address 57 B'nice st
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Female



July 11th 1881  
221 Jefferson St  
Leora Price  
Wife  
Jenn.  
Israel Price jr.  
Clerk  
Ohio  
Elias C Price M.D.  
262 Madison Ave.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

486621

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *11<sup>th</sup> July*
4. Place of Birth, (Street and Number) *262. Howard st.*
5. Full Name of Mother, *Judy Cneales*
6. Mother's Maiden Name, *" Morgan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Cneales*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *184 W. 1<sup>st</sup> St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 3 1 1900

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. *Mother's Birthplace*<sup>9</sup>

8. Full Name of Father

9. *Father's Occupation* <sup>11</sup>

10. Father's Birthplace

Name of Medical <sup>8</sup>Attendant, or other Person who make this Return.

*Address*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 of July 1881*
4. Place of Birth, (Street and Number) *53 Ething St*
5. Full Name of Mother, *May Booth*
6. Mother's Maiden Name, *Frank*
7. Mother's Birthplace, *Pruss*
8. Full Name of Father, *Charles Booth*
9. Father's Occupation, *Adams Express*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who make this Return.

Address,

Remarks,

*Mrs R. Ething*  
*48 Ething St*

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, and full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 16th 1881
4. Place of Birth, (Street and Number) 1741 Boston St.
5. Full Name of Mother Mary Haberman
6. Mother's Maiden Name Mary O'Brien
7. Mother's Birthplace Wilmington, Del.
8. Full Name of Father John Haberman
9. Father's Occupation Shoemaker
10. Father's Birthplace Wilmington, Del.
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. McHenry
- Address 34
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

48636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 4<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 57 Lee St.

5. Full Name of Mother Alice B. Iverson

6. Mother's Maiden Name Reeble

7. Mother's Birthplace Va

8. Full Name of Father Geo. D. Iverson

9. Father's Occupation Salesman

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this return. R. C. Lee

Address Hawthorne & Bond Sts.

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11863  
Female.  
White.  
July 11, 1881  
115 Jefferson St.  
Mary H. Roman.  
Mary Murphy.  
Mary J. Roman.  
Michael J. Roman.  
Virginia.  
Clark.  
J. W. Horch M.D.  
75 E. Baltimore St.

advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Name of Child: Sarah Bernard Banks

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return



Geo W. Decker  
#1 Waverly Terrace

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*got*  
*Female*  
*white*  
*July 11th 1887*  
*177 Scott St*  
*Mauda B Wells*  
*M. B. Wells*  
*Gloucester*  
*2nd*  
*John D. Blane*  
*Residence*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *July 12th, 1881*
4. Place of Birth, (Street and Number) *No 80 South Wolfe Street*
5. Full Name of Mother *Mrs. Carrie R. A. Spafford*
6. Mother's Maiden Name *Miss Carrie R. A. Byrne*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Henry A. Spafford*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. C. Cauden M.D.*
- Address *No. 102 North Howard St.*
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12/81
4. Place of Birth, (Street and Number) 161 W. Lombard St. Maternity - Hospital
5. Full Name of Mother, Ellen Brown
6. Mother's Maiden Name, Canada
7. Mother's Birthplace, "
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, " Governor's Men
- Name of Medical Attendant, or other Person who makes this Return, 161 W. Lombard St.
- Address, "
- Remarks, Legitimate

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *The 12 of July*
4. Place of Birth, (Street and Number) *No 315 Lake St.*
5. Full Name of Mother *Anne Elisbeth Schneider*
6. Mother's Maiden Name *Anne Elisbeth Hubner*
7. Mother's Birthplace *German*
8. Full Name of Father *Gabel Heitner*
9. Father's Occupation *Laborer*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Cristina*
- Address *Laver 173 Harbor*
- Remarks *1881*



# RETURN OF A BIRTH.

4866.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

(state whether Male or Female)

Female

or Color (if not of the white race)

White American

of Birth

July 12<sup>th</sup> 1881

of Birth (Street and Number)

106 Park Av

Name of Mother

Charlotte Elizabeth Lindsay

's Maiden Name

Gillings

's Birthplace

Baltimore Co. Md.

Name of Father

James Carly Lindsay

's Occupation

Physician

's Birthplace

North Carolina

of Medical Attendant, or other Person who makes this Return.

Riffin Buckler M.D.

ress

Charles & Centre Sts.

arks

I make this Return. Dr. Buckler left Baltimore

after the birth of the child & possibly failed to do so

C. Lindsay M.D. dated

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 12 of July
4. Place of Birth, (Street and Number) No 255 East Chase St
5. Full Name of Mother Clara Henning
6. Mother's Maiden Name Clara Engelmeier
7. Mother's Birthplace Baltimore
8. Full Name of Father John W Engelmeier
9. Father's Occupation Taxider
10. Father's Birthplace Germany.
- Name of Medical Attendant or other Person who makes this Return. Mrs Christina Jauer
- Address 177 St. Lawrence.
- Remarks BS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12th 1881*
4. Place of Birth (Street and Number) *Baltimore City No. 2 Walker St.*
5. Full Name of Mother *Fannie Buschke*
6. Mother's Maiden Name *Minie Grotzman*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *H. B. Buschke*
9. Father's Occupation *Salor.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Caroline Miller*
- Address *No. 5 Walker St. Balto. City*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 of July 1881

4. Place of Birth, (Street and Number)

1155 Lomb St

5. Full Name of Mother,

Mary Stumph

6. Mother's Maiden Name,

Mary White

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Phillip Stumph

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Salina G. Baker

Address,

1128 7th St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *July 12<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *103 Arch St.*
5. Full Name of Mother, *Henry Bell*
6. Mother's Maiden Name *Sumner*
7. Mother's Birthplace, *Danvers, County, England*
8. Full Name of Father, *William Bell*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Bell*

Address, *103 Arch St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 12 - 1881
4. Place of Birth, (Street and Number) 28
5. Full Name of Mother Marah J. Ennis
6. Mother's Maiden Name Reisler
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Joseph Ennis
9. Father's Occupation Blacksmith
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. John Keiff
- Address 204 Pennington Ave.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th July 1881

4. Place of Birth, (Street and Number)

22 Hamlet St.

5. Full Name of Mother,

Martha Emily Vogt  
Gardner

6. Mother's Maiden Name,

7. Mother's Birthplace,

Easton Md

8. Full Name of Father,

Joseph Charles Vogt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Chas. T. Baker M.D.

Address,

375 E. Balto. St.

Remarks,

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *12<sup>th</sup> July*
4. Place of Birth, (Street and Number) *178 Hamburg st.*
5. Full Name of Mother, *Euson Jones*
6. Mother's Maiden Name, *Port*
7. Mother's Birthplace, *Port*
8. Full Name of Father, *Robert James Saylor*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Ameyline Wilson*
- Name of Medical Attendant, or other Person who makes this Return *194 Warner St.*
- Address, *194 Warner St.*
- Remarks,



1. The Registrar, accouché, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3 Birth
1. Sex (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 July
4. Place of Birth, (Street and Number) Kastelstreet. No 4
5. Full Name of Mother Kathi Faulstich
6. Mother's Maiden Name 11 1/2 Gasser
7. Mother's Birthplace St. Louis Baden
8. Full Name of Father Heinrich Faulstich
9. Father's Occupation Baker
10. Father's Birthplace Mollen, Prussia
- Name of Medical Attendant, or other Person who makes this Return. Dr. Bandstreet No 113
- Address \_\_\_\_\_
- Remarks Mrs. Maurer

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth (10)

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 12<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

255 W. Caroline St.

5. Full Name of Mother,

Adelaide Constance

6. Mother's Maiden Name,

Wherwood

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Constance

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Regina St. Anita

Address,

186 Harford Ave.

Remarks,

any physician, accoucheur, or other person who makes this Return, shall be liable to a fine of \$100, or to imprisonment for six months, or to both, if he fails to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## A circular black ink stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the year "1881" is printed. Overlaid on the stamp is the handwritten text "of Ave" and the number "6".

- JOHN B. RIET, PRINCE & STATIONER, BAL-2

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12th 1881*
4. Place of Birth (Street and Number) *277 1/2 Biddle St*
5. Full Name of Mother *Mary Gell*
6. Mother's Maiden Name *Crofts*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Hickman Gill*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingslee*
- Address *246 E. 9th St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

486/52

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Female

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

July 12/881  
19 St. Fayette St  
Elizabeth Strand  
Baltimore  
Thomas Strand  
Carrier & Lumber  
Baltimore  
Edmund P. Mearns  
163 1/2 Calver St

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118676

To the Office of Registrar of Vital Statistics; Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child  
1. Sex, (state whether male or female). Girl  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 13th of July, 1881.  
4. Place of Birth, (Street and Number) 354 Washington Street.  
5. Full Name of Mother, Mary Adel.  
6. Mother's Maiden Name, Mary Reizer.  
7. Mother's Birthplace, Baltimore.  
8. Full Name of Father, John L. Reizer.  
9. Father's Occupation, Capmate maker.  
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Christina Kunkel  
Address, 11 North Chapel Street per Christina Kunkel.  
Remarks, Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, making distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st. 1881*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 13<sup>th</sup> 2<sup>4</sup> A.M. 1881*
4. Place of Birth (Street and Number) *6. N. Canal St.*
5. Full Name of Mother *Ella Whitehill*
6. Mother's Maiden Name *Ella Callow*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Whitehill*
9. Father's Occupation *Wholesale dealer of Iron*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Knowlton M.D.*
- Address *2996 Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 13 1881  
 4. Place of Birth (Street and Number) 1238 Broadway  
 5. Full Name of Mother Mary Eliz. Smith  
 6. Mother's Maiden Name Mary Eliz. Elliott  
 7. Mother's Birthplace At sea  
 8. Full Name of Father James Smith  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. E. W. Smith M.D.  
 Address 101 South St.  
 Remarks



115679

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



2 cd

- 1644

- Walter

- July 13<sup>th</sup>

- 14 x 1/2 ft

- Entity of ~~the~~ Bonds

- 16002

- Battle Bony

- Alton Bardsley

- Black' Boulder

- Cambridge Rd:

City Lockman

©

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th July*

4. Place of Birth, (Street and Number) *1104 Peachy Alley*

5. Full Name of Mother, *Eva Krammel*

6. Mother's Maiden Name, *Eva*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Cooper*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. S. Smith*

Address, *1104 Peachy Alley*

Remarks, *Dr. J. S. Smith*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*To the Office of Registrar of Vital Statistics, Board of Health.*

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUL 18 1901" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

Remarks

CITY.

*Mell*

11. 11. 1950

ee) July 13 1877 White

May 6. 1874. J. B. B. & Co.

Mary E. Malone

Erstmal

Stephen B. Sorensen

Plummer

*Eugene A. J. M. Brouwer*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 13, 1881*
4. Place of Birth, (Street and Number) *4 Dallas St, 13 1/2*
5. Full Name of Mother, *Katharine B. Dusch*
6. Mother's Maiden Name, *Katharine B. Schaumburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg B. Dusch*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return* *Mary E. Miller*

Address, *4 Dallas St. 13 1/2*

Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

148689

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUL  
13  
1891  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 13, 1891*
4. Place of Birth, (Street and Number) *N. Dallas St. No. 22*
5. Full Name of Mother, *Mariline Prose*
6. Mother's Maiden Name, *Mariline Koch*
7. Mother's Birthplace, *Braunschweig, Gr. Duchy, Germany*
8. Full Name of Father, *Christian Prose*
9. Father's Occupation, *Butter Dealer*
10. Father's Birthplace, *Trier, Prov. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *N. Dallas St. No. 22*

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48684

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUL  
13  
1891

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, .....
4. Place of Birth, (Street and Number) .....
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, .....
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....
- Name of Medical Attendant, or other Person who make this Return, .....
- Address, .....
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 13 - 1881*
4. Place of Birth, (Street and Number) *No 19 N. Chapel St.*
5. Full Name of Mother, *Catherine D. Hallmead*
6. Mother's Maiden Name, *Catherine D. Hallmead*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Michael D. Donoghue*
9. Father's Occupation, *Cow-maker*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Callahan*
- Address, *28 W 21st Donogh St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored race*  
3. Date of Birth, *13th July 1881*  
4. Place of Birth, (Street and Number) *75 J. S. Holland*  
5. Full Name of Mother, *Charlotte Wilson*  
6. Mother's Maiden Name, *Harris*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Servel Wilson*  
9. Father's Occupation, *Master*  
10. Father's Birthplace, *England*  
Name of Medical Attendant, or other Person who makes this Return, *M. C. Haring*  
Address, *45 N. Central Avenue*  
Remarks, *Labors Normal*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>A</sup>  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 13, 1881 -

4. Place of Birth, (Street and Number)

36 N. Paca St.

5. Full Name of Mother,

Maggie Brown

6. Mother's Maiden Name,

Maggie Harris

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Harry Brown

9. Father's Occupation,

Sea Captain

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this return.

Mrs. Ida Sadler,

Address,

11 New St -

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

4  
Male  
White  
13 July  
East W. place  
Marie Spitznagel  
Marie Spitznagel  
germannie  
Philipp Spitznagel  
Baker  
germannie

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

M

2. Race or Color, (if not of the white race)

3. Date of Birth

13<sup>th</sup> July

4. Place of Birth, (Street and Number)

157 Hughes

5. Full Name of Mother

Ellen Gault

6. Mother's Maiden Name

Condit

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thos Gault

9. Father's Occupation

Mariner

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return.

J. W. Nels. J.

Address

57 Barre & C

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the matric name of the mother of each child or children."

# RETURN OF A BIRTH

118690

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 18th 89

4. Place of Birth, (Street and Number) 33 Steeple St.

5. Full Name of Mother, Lena Simon

6. Mother's Maiden Name, Hayes

7. Mother's Birthplace, Balto

8. Full Name of Father, Jas. Simon

9. Father's Occupation, Brickman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mary Brod

Address 328 S. Euter W.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st 1881*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 13th 81*
4. Place of Birth (Street and Number) *130 S. Eden*
5. Full Name of Mother *Kate Ryan*
6. Mother's Maiden Name *Kate McGarrity*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Alvin A. Ryan*
9. Father's Occupation *Police*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who make the Return. *Geo. B. Ryan M.D.*
- Address *Calvert Monument St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Brown Skin*
1. Sex, (state whether male or female)..... *July 13 1881*
2. Race or Color, (if not of the white race)..... *Baltimore*
3. Date of Birth,..... *Kate Bordley*
4. Place of Birth, (Street and Number)..... *Kate Bordley*
5. Full Name of Mother,..... *226 Hamburg Street*
6. Mother's Maiden Name,..... *William Wiggins*
7. Mother's Birthplace,..... *Oysters Shucker*
8. Full Name of Father,..... *Baltimore*
9. Father's Occupation,..... *female Martha Rebecca Wungus*
10. Father's Birthplace,..... *Irma Johnson*
- Name of Medical Attendant, or other Person who makes this Return,..... *he 15 Plum Alley*
- Address,.....
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Chester A. Kauffman*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female).

*White Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*13th July 1881*

4. Place of Birth, (Street and Number)

*329 N. Broadway*

5. Full Name of Mother,

*Mary Jane Kauffman*

6. Mother's Maiden Name,

*Woods*

7. Mother's Birthplace,

*Balto. City*

8. Full Name of Father,

*Marion Wallen Kauffman*

9. Father's Occupation,

*Clerk*

10. Father's Birthplace,

*Frederick City*

Name of Medical Attendant, or other Person who makes this Return.

*E. P. Davis M.D.*

Address,

*375 E. Balto. St.*

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th  
female  
white  
13 July 1881  
J. Phay Street 85  
Clementine Stepmeyer  
Clementine Gepler  
Baden, Germany  
Franz Peter Stepmeyer  
Salvagekeeper  
Alse  
Dr. Quinkhorst  
224 West Fayette Street



That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 13<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *72 Block St*
5. Full Name of Mother *Anna Crossinwell*
6. Mother's Maiden Name *Weber*
7. Mother's Birthplace *City*
8. Full Name of Father *Isaac Crossinwell*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Betty*
- Address *120 Back St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, <sup>48996</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 876
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 12 1891
4. Place of Birth, (Street and Number) 647 Lexington St
5. Full Name of Mother Barbara M. Hall
6. Mother's Maiden Name Barbara M. Hall
7. Mother's Birthplace England
8. Full Name of Father James M. Hall
9. Father's Occupation Engineer
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this return. Wm. A. Williams
- Address 875 E. Howard Ave
- Remarks \_\_\_\_\_

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 13/81

4. Place of Birth, (Street and Number)

258 Crisp St

5. Full Name of Mother,

Clara V. Dickerson

6. Mother's Maiden Name,

Clara V. Wells

7. Mother's Birthplace,

Frederick Md

8. Full Name of Father,

Wm H. Dickerson

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Bartholomew Munn

Address,

1 Leadenhall

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 13<sup>th</sup> 1881

4. Place of Birth, (Street and Number) No. 42 East Fayette Street

5. Full Name of Mother Annie Michael

6. Mother's Maiden Name Annie Presley

7. Mother's Birthplace Balto.

8. Full Name of Father William Th. Michael

9. Father's Occupation Milk Dairy

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Leid H. Hylgert

Address 182 E. Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth July 13<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 4255 Eager street
5. Full Name of Mother Elizabeth Emrich
6. Mother's Maiden Name Elizabeth Horst
7. Mother's Birthplace Balto.
8. Full Name of Father Henry Emrich
9. Father's Occupation Blacksmith
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this return. Samuel P. Huggins
- Address 162 S. Hammond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth The 14<sup>th</sup> of July.
4. Place of Birth, (Street and Number) No 18 Spring St.
5. Full Name of Mother Anne Spitzer
6. Mother's Maiden Name Anne Stump
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Stump
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Lauer
- Address 177 Harper erry
- Remarks 1881

118711

CONFERENCES OF THE CHURCHES OF THE CITY OF BALTIMORE.


A circular black ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUL 18 1881" is stamped in three lines.

Mr. White

- 3

Mary E. Miller

Medical Attendant, makes this Return  
N. Dallas, Jr. No. 26.



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48702

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the White race)  
 3. Date of Birth, *July 11, 1881*  
 4. Place of Birth, (Street and Number) *298 E. Zenbar St.*  
 5. Full Name of Mother, *Mary C. Larrison*  
 6. Mother's Maiden Name, *" Batchelder*  
 7. Mother's Birthplace, *Balt. Md.*  
 8. Full Name of Father, *John H. Larrison*  
 9. Father's Occupation, *Mariner*  
 10. Father's Birthplace, *Somers et Co. Md.*  
 Name of Medical Attendant, *C. Glanville, Rush M.D.*  
 Address, *Balt. Wash. St.*  
 Remarks, *Natural*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43703

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)...

3. Date of Birth,

July 14th

4. Place of Birth, (Street and Number)

607 W. Fair and Obermarke St

5. Full Name of Mother,

Bergachene H. H. H.

6. Mother's Maiden Name,

Hacker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry August Friedrich Winkler

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sophia L. L. L.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

JUL  
13  
1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

M -

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 14th 1891

4. Place of Birth (Street and Number)

358 Airguth

5. Full Name of Mother

Bessie Leach Varian

6. Mother's Maiden Name

Bessie Leach Baker

7. Mother's Birthplace

New Jersey

8. Full Name of Father

Wm. Alexander Varian

9. Father's Occupation

Manager

10. Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller M.D.

Address

10179 E. Monument St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48705

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Thursday July 14 1881  
Dushorn St 1333 Baltimore Md.

4. Full Name of Mother,

Eliza Jane Sumner

5. Mother's Maiden Name,

Eliza Jane Stearns

6. Mother's Birthplace,

Baltimore City

7. Full Name of Father,

John Henry Sumner

8. Father's Occupation,

Shoemaker

9. Father's Birthplace,

Saint Mary's County

Name of Medical Attendant, or other Person who makes this Return

Therese C. Glascow

Address

48 W. 11th St. Baltimore

Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st  
Male  
July 14 - 81.  
No 138 N Bond St  
Margaret Spence  
Margaret Godd  
Baltimore  
Samuel Spence  
Engineer  
Baltimore  
Mary A Caldwell

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## How to Use This Book

A circular ink stamp from the Department of Health in Baltimore. The text "DEPT. of Health" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "JUN 15 1881" is stamped in a bold, sans-serif font.

Milton Roberts

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth August 1881  
 4. Place of Birth, (Street and Number) 17 Gitting St.  
 5. Full Name of Mother Annie R. Roberts  
 6. Mother's Maiden Name Annie R. Bennett  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Joseph T. Roberts  
 9. Father's Occupation Caulker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return. Miss Ann Nash  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48708

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3
1. Sex, (state whether male or female) ..... male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... 14 July
4. Place of Birth, (Street and Number) ..... 100 E. Lombard
5. Full Name of Mother, ..... Mathilda Brown
6. Mother's Maiden Name, ..... Abundant
7. Mother's Birthplace, ..... Germany
8. Full Name of Father, ..... Ludwig Brown
9. Father's Occupation, ..... Bookman
10. Father's Birthplace, ..... Germany
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Fred Casper
- Address, ..... 72 E. Lombard
- Remarks, .....

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48709

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 14
4. Place of Birth (Street and Number) Battle Alley, No. 60
5. Full Name of Mother Marion Johnson
6. Mother's Maiden Name Louisa Walker
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father James Johnson
9. Father's Occupation Wagoner
10. Father's Birthplace Charlottesville Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. Annie Johnson
- Address Tyngden St. No. 92
- Remarks in perfect health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) M.
2. Race or Color, (if not of the white race) White
3. Date of Birth 11<sup>th</sup> July
4. Place of Birth, (Street and Number) 209 N. Calhoun
5. Full Name of Mother Elizabeth Caskey
6. Mother's Maiden Name Boyle
7. Mother's Birthplace Balt.
8. Full Name of Father Jos. Caskey
9. Father's Occupation Expressman
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. J. W. M. [Signature]
- Address 57 Barnard
- Remarks



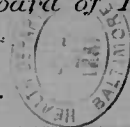
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

48711

to the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 11<sup>m</sup>
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... \* 26<sup>th</sup> May 1881
4. Place of Birth, (Street and Number)..... \* 27 East St
5. Full Name of Mother,..... Louisa Schafeld
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return. .... Harriet Jackson
- Address,..... \* 5 Forrest St
- Remarks,.....

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Robinson St. No. 20
5. Full Name of Mother Mary Dunbar
6. Mother's Maiden Name Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Charlie Dunbar
9. Father's Occupation Seaman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Wm. B. Mitchell
- Address No. 38 Park St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 14th 1881

4. Place of Birth, (Street and Number) Baltimore Street 4 N. 35

5. Full Name of Mother C. MacIntee

6. Mother's Maiden Name Dunn

7. Mother's Birthplace Baltimore

8. Full Name of Father James Skinner

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. McTee

Address N. 358 Parkin St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or midwife at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> child

1. Sex, (state whether male or female)...

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14<sup>th</sup> 1881

4. Place of Birth, (Street and Number)...

Highland tower

5. Full Name of Mother,

Mrs Kate Walters

6. Mother's Maiden Name,

Mrs Kate Gutz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas J. Gutz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Simms

Address,

121 South Washington St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Child.  
White  
Boy  
July 14<sup>th</sup> 1881  
191 North Washington St  
Laura McGrail  
Laura McKee  
Baltimore Md  
John McGrail  
Laborer  
Baltimore  
Mrs. Mary A. Linn  
171 S. Washington

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Birth

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 July

4. Place of Birth, (Street and Number) Wolff Street No 26

5. Full Name of Mother Elisa Hollstein

6. Mother's Maiden Name 1111 Müller

7. Mother's Birthplace Baltimore

8. Full Name of Father Lernhard Hollstein

9. Father's Occupation Coffmaker

10. Father's Birthplace Prun Hannover

Name of Medical Attendant, or other Person who makes this Return. Bank Street No 112

Address Mrs Maurer

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Thursday night July 14<sup>th</sup> 1881  
 4. Place of Birth (Street and Number) 110 Stanford St  
 5. Full Name of Mother Annie Loughflin  
 6. Mother's Maiden Name Anna Baer  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Richard Loughflin  
 9. Father's Occupation Butcher  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return Wilmer Britton MD  
 Address 25 1/2 Greenmount Ave  
 Remarks Vnty Presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 14 1881*
4. Place of Birth (Street and Number) *No 67 Hanover St*
5. Full Name of Mother *Lina Plase*
6. Mother's Maiden Name *Berice*
7. Mother's Birthplace *City*
8. Full Name of Father *Otto Plase*
9. Father's Occupation *Greener*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bank St*
- Remarks



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48719

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14 1891

4. Place of Birth, (Street and Number)

127 St. Paul St

5. Full Name of Mother,

Ada B. Birdley

6. Mother's Maiden Name,

Ada B. Bird

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

W. J. Birdley

9. Father's Occupation,

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Littlejohn

Address,

121 Madison St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*
1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *14th of July*
4. Place of Birth, (Street and Number) *Druid Hill, ave.*
5. Full Name of Mother, *Della Reilly*
6. Mother's Maiden Name, *Ostetizer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick Reilly*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Charlotte Crosby*  
or other Person who makes this Return.
- Address, *369 Cathedral St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118721

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)  
Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

July 24<sup>th</sup> 1881.  
163 Harford Ave  
Harriet C. Logue  
Lucas  
Baltimore Md  
James H. Logue  
Paper Hanger  
Baltimore Md  
Keyma C. Miller  
178 Harford Ave

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

118723

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 14. 1881

4. Place of Birth, (Street and Number)

W. 11th St. No. 18

5. Full Name of Mother,

Mary Everdin

6. Mother's Maiden Name,

Mary Mann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Everdin

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. H. Brant

Address,

W. 11th St. No. 18

Remarks,

118723

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) #243 Sharp street
5. Full Name of Mother Mary Myrd.
6. Mother's Maiden Name Mary Gubahoff.
7. Mother's Birthplace Balte.
8. Full Name of Father Thomas H. Myrd.
9. Father's Occupation Blacksmith.
10. Father's Birthplace Balte.
- Name of Medical Attendant or other Person who makes this Return. Hand of illegist.
- Address 182 E. Monument street
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 14 1881*
4. Place of Birth, (Street and Number) *435 N. Paul St.*
5. Full Name of Mother, *Mattie L. Buell.*
6. Mother's Maiden Name, *Mattie L. Price*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Chas. W. Buell*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



*M. Thompson*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14th 1891
4. Place of Birth, (Street and Number) 715 E. Cal. St. Baltimore
5. Full Name of Mother Mary Helena Eichhorn
6. Mother's Maiden Name Hornach
7. Mother's Birthplace Germany
8. Full Name of Father Richard Eichhorn
9. Father's Occupation Prop. Restaurant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. H. H. H. H. H.
- Address 174 N. Gay St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

118736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Ordn 14th 1881 (14th)
4. Place of Birth, (Street and Number) 707 Paint Lane & Gay St
5. Full Name of Mother Elizabetha Webb
6. Mother's Maiden Name O'Kayer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm Webb
9. Father's Occupation Stage Driver
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. J. C. S. Marshall
- Address 274. 76 Gay St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *10 ht*
3. Date of Birth *July 14, 1881*
4. Place of Birth (Street and Number) *Coakland St extended.*
5. Full Name of Mother *Margaret Raymond.*
6. Mother's Maiden Name *" Burbage*
7. Mother's Birthplace *md*
8. Full Name of Father *Mr H. Raymond.*
9. Father's Occupation *laborer*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *G Lane Dancyhill*
- Address *129 W. Biddle St*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 to 4th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th July 1881*
4. Place of Birth, (Street and Number) *No. 1234 Ches. St*
5. Full Name of Mother, *Kath. Heffler*
6. Mother's Maiden Name, *Kath. Heffler*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Ant. Heffler*
9. Father's Occupation, *Salver*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Salina Quisenberry*
- Address, *No. 123 West St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

118729

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July the 15<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

North St. No. 15.

5. Full Name of Mother,

Elise Winter

6. Mother's Maiden Name,

Elise Enkel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Winter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes the Return

Mary E. Miller

Address,

1. Gallatin St. No. 26.

Remarks.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

48730

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

13th July 1881

4. Place of Birth, (Street and Number)

42 Broadway Avenue

5. Full Name of Mother

Laura J. Disco Hunting

6. Mother's Maiden Name

Laura J. Disco

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Eben Belknap Hunting

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. D. McDonald

Address

146 Park St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 15<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *Baltimore: Harburg St 207*
5. Full Name of Mother *Lizzie Sines*
6. Mother's Maiden Name *Lizzie Alsop*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Sines*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Mrs Francis Granby*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *M*  
 2. Race or Color (if not of the white race) *W*  
 3. Date of Birth *July 15 1891*  
 4. Place of Birth (Street and Number) *223 Indiana*  
 5. Full Name of Mother *Florence Davis*  
 6. Mother's Maiden Name *Florence Hamilton*  
 7. Mother's Birthplace *Balt.*  
 8. Full Name of Father *Washington Davis*  
 9. Father's Occupation *Iron Manufacturer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Richard L. Sherry M.D.*  
 Address *189 N Howard St. City*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male

White

July 15<sup>th</sup> 1881

# 229 N. Eden Street

Ida Greenwell

Ida Steel

Alexandria Virginia

Benj. Franklin Greenwell

Shoemaker

Harford Co. Md.

E. Whitford M.D.

# 195 Wisconsin Street

Baltimore

*[Signature]*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 18 July
4. Place of Birth, (Street and Number) S. P. Frederick
5. Full Name of Mother, Kath. Lock
6. Mother's Maiden Name, Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, Simon Lock
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Wm. Parry Leister
- Address, 72 E. Lombard
- Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 15 1891

4. Place of Birth, (Street and Number)

246 Baltimore av.

5. Full Name of Mother,

Terese Stolt

6. Mother's Maiden Name,

Schilling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Stolt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

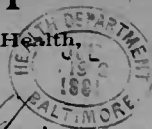
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 15th 81*
4. Place of Birth, (Street and Number) *284 Cross St*
5. Full Name of Mother, *Cathern Black*
6. Mother's Maiden Name, *Strick*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Henry Black*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who make this Return *J. Lohmeyer midwife*
- Address, *350 Monmouth St*
- Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 15th 1881

4. Place of Birth, (Street and Number)

304 Hanover St

5. Full Name of Mother,

Louise Kramer

6. Mother's Maiden Name,

Engel

7. Mother's Birthplace,

America

8. Full Name of Father,

John Kramer

9. Father's Occupation,

Barber

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer M.D.

Address,

330 Hanover St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Friday, July 13, 1881
4. Place of Birth, (Street and Number) 4880 Payson St.
5. Full Name of Mother Lizzie Haggel
6. Mother's Maiden Name Lizzie Hertz
7. Mother's Birthplace Germany
8. Full Name of Father Henry Haggel
9. Father's Occupation Seaman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. William Doherty
- Address 415 5th Baltimore St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *July 15/81*  
4. Place of Birth, (Street and Number) *170 E. Pratt St.*  
5. Full Name of Mother, *Sarah E. Inloes*  
6. Mother's Maiden Name, *" Roche*  
7. Mother's Birthplace, *Balt. City*  
8. Full Name of Father, *Joseph Inloes*  
9. Father's Occupation, *Engineer*  
10. Father's Birthplace, *Balt. City*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. R. W. Mansfield*  
Address, *117 N. Broadway*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *July 15<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *Greenwillow St. No 3*
5. Full Name of Mother *Columbia S. Hucless*
6. Mother's Maiden Name *Columbia S. Johnson*
7. Mother's Birthplace *King Wm Co. Va*
8. Full Name of Father *Samuel Russell Hucless*
9. Father's Occupation *Janitor*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Johnson*
- Address *92. Tyson St.*
- Remarks *in perfect health*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48741

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd child
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... colored
3. Date of Birth,..... July 15th
4. Place of Birth, (Street and Number)..... no 202 York St
5. Full Name of Mother,..... doerunthy sample
6. Mother's Maiden Name,..... doerunthy sample
7. Mother's Birthplace,..... acamack va
8. Full Name of Father,..... e. farles safehel
9. Father's Occupation,..... sailor
10. Father's Birthplace,..... acamack county va
- Name of Medical Attendant, or other Person who makes this Return..... Mrs. Lydia Porter
- Address,..... no. 4 path. co avenue
- Remarks,..... healthy child



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th child

1. Sex, (state whether male or female)..... He male

2. Race or Color, (if not of the white race)..... colored

3. Date of Birth,..... July 15th

4. Place of Birth, (Street and Number)..... no 3burgundy ally

5. Full Name of Mother,..... nelly dabbon

6. Mother's Maiden Name,..... nelly tyler

7. Mother's Birthplace,..... colbert county, md

8. Full Name of Father,..... asbury dabbon

9. Father's Occupation,..... laborer

10. Father's Birthplace,..... cambridge

Name of Medical Attendant, or other Person who makes this Return,..... mis Lydia Porter

Address,..... no 4 pat pscoville

Remarks,..... healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *July 15<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *48 South Street*
5. Full Name of Mother, *Elizabeth Bailey*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Bailey*
9. Father's Occupation, *Carver*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *William Johnson*

Address, *1 N. Union St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 15 1881*
4. Place of Birth, (Street and Number) *1011 E Jackson St*
5. Full Name of Mother, *Christine Lamb*
6. Mother's Maiden Name, *Christine Effenig*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George V Lamb*
9. Father's Occupation, *Restaurant Keeper*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Ciske Md*
- Address *140 N Anger*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 15<sup>ten</sup> July*
4. Place of Birth, (Street and Number) *No 127 S. Dallas St*
5. Full Name of Mother, *Lise Hund*
6. Mother's Maiden Name, *Lise Scheum*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Oscar Hund*
9. Father's Occupation, *Musikus*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address, *No 197 S. Dallas St*
- Remarks, *Hemorrhage*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) N<sup>o</sup> 82 Grindal St
5. Full Name of Mother Elizabeth Marchbank
6. Mother's Maiden Name Elizabeth Winters
7. Mother's Birthplace Baltimore
8. Full Name of Father William J. Marchbank
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Katherine Horner
- Address N<sup>o</sup> 18 Bayrol St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Station St. 120
5. Full Name of Mother Lizzie Cooper
6. Mother's Maiden Name W. Harris
7. Mother's Birthplace Baltimore
8. Full Name of Father George Cooper
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Whitcomb
- Address W. 58 Parker St.
- Remarks \_\_\_\_\_

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

118748

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Second

1. Sex (state whether Male or Female)

Female

2. Race (if not of the white race)

Colored

3. Date of Birth

on monday evening July 13 1881

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Simms

6. Mother's Maiden Name

Mary Smith

7. Mother's Birthplace

Colbert county

8. Full Name of Father

Edward Simms

9. Father's Occupation

any kind of laborer work  
the same

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Coroline Jones

Address

Vine st  
236

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 July 1881

4. Place of Birth, (Street and Number) Lichtanstown, D. Avenue

5. Full Name of Mother, Emma Litha

6. Mother's Maiden Name, Emma Stamm

7. Mother's Birthplace, Freienberg, Prussia

8. Full Name of Father, Christian Friedrich L. Sta.

9. Father's Occupation, Sei man bei der Comp.

10. Father's Birthplace, Freienberg, Prussia

Name of Medical Attendant, Wm. H. Hiley  
or other Person who makes this Return

Address, No. 12 1/2 North Ave. Light C. A.

Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48750

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 26 1881*
4. Place of Birth, (Street and Number) *No 13 Patterson street*
5. Full Name of Mother, *Clara Fisher*
6. Mother's Maiden Name, *Clara Chapman*
7. Mother's Birthplace, *Easton Maryland*
8. Full Name of Father, *William Fisher*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Sarah Pentecost*
- Address, *Chas B Patterson*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
 1. Sex (state whether Male or Female) Boy  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Friday Morning July 15th 81  
 4. Place of Birth (Street and Number) 615 Auguith St.  
 5. Full Name of Mother Sarah Louch  
 6. Mother's Maiden Name Sarah McMillen  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Charles Louch  
 9. Father's Occupation Car Driver  
 10. Father's Birthplace Cecil Co Md  
 Name of Medical Attendant, or other Person who makes this Return Weber Brinton MD  
 Address 25 1/2 Greenmont Ave  
 Remarks Very Presentation

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 15, 1881*
4. Place of Birth, (Street and Number) *107 McCallister St.*
5. Full Name of Mother, *Laura Brief*
6. Mother's Maiden Name, *Frank*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *May Brief*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baden Baden*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Williams*
- Address *301 Madison Ave.*
- Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth July 10th 1881
  4. Place of Birth, (Street and Number) 1527 N. Dallas St.
  5. Full Name of Mother Lucia Daniel
  6. Mother's Maiden Name German
  7. Mother's Birthplace Prussia
  8. Full Name of Father Abraham Daniel
  9. Father's Occupation Cigar Maker
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. S. Cooper
- Address 478 N. Gay St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 16th 1887 (1876)
4. Place of Birth, (Street and Number) NE Cor Broadway & Church Sts
5. Full Name of Mother Lora Rosenberger
6. Mother's Maiden Name Rose
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph H. Rosenberger
9. Father's Occupation Clothing Cutter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. D. D. Blumfeld
- Address 474 N. Gay St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Balto City

4. Place of Birth (Street and Number) Balto City No 147 Bethel St.

5. Full Name of Mother Annie Stal

6. Mother's Maiden Name Annie Graft

7. Mother's Birthplace Balto City

8. Full Name of Father Michael Stal

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Miller, No 5 Walker

Address

Remarks

\*That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.\*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Children*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of July 1881*

4. Place of Birth, (Street and Number) *N. 27 West St*

5. Full Name of Mother, *Geary House Room*

6. Mother's Maiden Name, *Geary Greenwood*

7. Mother's Birthplace, *Oldenburg*

8. Full Name of Father, *Anton House Room*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Oldenburg*

Name of Medical Attendant, or other Person who makes this Return *James M. St*

Address, *Baltimore Md*

Remarks,

**RETURN OF A BIRTH**  
To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**  
1st, 2d, 3d, &c.) *4*  
*Male*



No. of Child of	1. Sex, (state male or female)	2. Race or Color	3. Date of Birth	4. Place of Birth	5. Full Name	6. Mother's Name	7. Mother's Birth Date	8. Father's Name	9. Father's Birth Date	10. Father's Birth Place
1	Male	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
2	Female	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
3	Male	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
4	Female	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
5	Male	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
6	Female	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
7	Male	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
8	Female	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
9	Male	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.
10	Female	White	Jan 1, 1900	St. Louis, Mo.	John Doe	John Doe	Jan 1, 1900	John Doe	Jan 1, 1900	St. Louis, Mo.

- No. of Child of Mother, (state
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant,
- Address,
- Remarks,

or other Person who  
makes this Return



# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 16 July

3. Date of Birth, 64 S High

4. Place of Birth, (Street and Number) Barbara Pinther

5. Full Name of Mother, Fisch

6. Mother's Maiden Name, Balt Md

7. Mother's Birthplace, Jos Pinther

8. Full Name of Father, Philip Pinther

9. Father's Occupation, France

10. Father's Birthplace, Mrs Para Carper

Name of Medical Attendant, or other Person who makes this Return 72 E. Maryland

Address, Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16th 81

4. Place of Birth, (Street and Number)

1171 Hanover St

5. Full Name of Mother,

Catharine Pahl

6. Mother's Maiden Name,

Ecking

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Pahl

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer M.D.

Address,

330 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 24, 1891*
4. Place of Birth, (Street and Number) *148 East Monument*
5. Full Name of Mother, *Ellen H. McManis*
6. Mother's Maiden Name, *E. Cassin H. McManis*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *J. Garret McManis*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Philadelphia*
- Name of Medical Attendant, or other Person who makes this Return *Mary McManis*
- Address, *125 North ...*
- Remarks, *...*



That, any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

white

born on the 16<sup>th</sup> of July 1881

14 Breckenridge Lane

Lina Hecch

Lina

born in Germany

J. C. Hecch

Carpenter

born in Germany

M. L. Miller

1017 W. 11<sup>th</sup> St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female).... *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th of July 1881.*
4. Place of Birth, (Street and Number) *122 South Washington Street.*
5. Full Name of Mother, *Lucas Kaufman.*
6. Mother's Maiden Name, *Theresa Beisler.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Bern Beisler.*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Ariscenia Kuschel.*
- Address, *71 North Chapel Street per postman Kuschel*
- Remarks, *Healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

487621

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *July 15th*
4. Place of Birth, (Street and Number) *304 Montgomerystreet*
5. Full Name of Mother, *Lulu White*
6. Mother's Maiden Name, *Lulu Hall*
7. Mother's Birthplace, *acarnack county va*
8. Full Name of Father, *Lesley White*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *acarnack county va*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Lydia Porter*
- Address, *no 4 patp sco ave md*
- Remarks, *healthy child*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

48763

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 16<sup>th</sup> 1881
4. Place of Birth (Street and Number) 3 N. Calhoun St.
5. Full Name of Mother Hanny Bachrach
6. Mother's Maiden Name Hanny Kipper
7. Mother's Birthplace Baltimore City
8. Full Name of Father David Bachrach
9. Father's Occupation Theologian
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. C. Miller M.D.
- Address 234 N. Fayette St.
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

48764

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 14th 1881*
4. Place of Birth, (Street and Number) *148 Pierce St.*
5. Full Name of Mother, *Northern Barbush*
6. Mother's Maiden Name, *Collins*
7. Mother's Birthplace, *Frederick Maryland*
8. Full Name of Father, *Richard Barbush*
9. Father's Occupation, *Carriage Maker*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, *Amesiah Johnson*  
or other Person who makes this Return.
- Address, *6 Hamilton St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *German descent*
3. Date of Birth *July 16 1881*
4. Place of Birth (Street and Number) *Fort Monroe*
5. Full Name of Mother *Caroline Susanna Brantell*
6. Mother's Maiden Name *Estell*
7. Mother's Birthplace *Baltimore between Baltimore & Calverton*
8. Full Name of Father *Charles Henry Brantell*
9. Father's Occupation *A Laborer*
10. Father's Birthplace *Kenneth St. between Light & Charles St.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. C. W. Conner*
- Address *Fort Monroe between Light & Charles St.*
- Remarks *Good*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or midwife at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 16<sup>th</sup>*
4. Place of Birth, (Street and Number) *115 S. Chapel st.*
5. Full Name of Mother, *Sarah A. Alexander*
6. Mother's Maiden Name, *Sarah A. Richfield*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. G. Alexander*
9. Father's Occupation, *Blackman*
10. Father's Birthplace, *Sancti Spiritus of Spain*
- Name of Medical Attendant, or other person who makes this Return, *Leah Tacker*
- Address,
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) male
  - Race or Color, (if not of the white race) colored
  - Date of Birth, July 16
  - Place of Birth, (Street and Number) 21 West St
  - Full Name of Mother, mother of
  - Mother's Maiden Name, mother of Jackson
  - Mother's Birthplace, Baltimore Md
  - Full Name of Father, Simon Jones
  - Father's Occupation, Hagerman
  - Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. L. J. Jackson
- Address, 101 1/2 West St
- Remarks, Newborn child

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend against, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and whether born, its or their physical condition, whether still born or not, the full name of the child, the name of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

48768

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~ 3rd, etc) *Third*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *16th July 1881* *10 o'clock A.M.*

4. Place of Birth (Street and Number) *W. E. Corry Lombard & Fremont Sts*

5. Full Name of Mother *Mary W. Corby*

6. Mother's Maiden Name *Mary Britten*

7. Mother's Birthplace *Philadelphia*

8. Full Name of Father *Wm. J. W. Corby*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *D. C. Richardson, M.D.*

Address *Lombard & Fremont Streets*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *10th Feb 1881*
- Place of Birth (Street and Number) *1221-23rd St*
- Full Name of Mother *Mary A. Fargnoli*
- Mother's Maiden Name *Mary A. Luther*
- Mother's Birthplace *Baltimore Md*
- Full Name of Father *Frederick Fargnoli*
- Father's Occupation *Printer*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *F. K. Lull, M.D.*
- Address *125th Fayette St*
- Remarks *Mrs. Fargnoli is a widow (Mrs. H. Magraw). She has children*

*now of 1st husband.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

48770

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 16<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Baltimore Carey St No 18*

5. Full Name of Mother *Mary Spurr*

6. Mother's Maiden Name *Jones*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Spurr*

9. Father's Occupation *Painter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*

Address *No 38 Parkin St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 16<sup>th</sup> 1881

4. Place of Birth (Street and Number)

No 9 Little Baca St

5. Full Name of Mother

Bridget A. Rian

6. Mother's Maiden Name

Bonnelly

7. Mother's Birthplace

Maryland

8. Full Name of Father

Joseph J. Rian

9. Father's Occupation

Smith & Horse Shaver

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

E Gover Cox M.D.

Address

289 W Fayette St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 16 July 1881

4. Place of Birth, (Street and Number) 11 Cuba St

5. Full Name of Mother Barbara Blake

6. Mother's Maiden Name Barbara Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Blake

9. Father's Occupation Soldier

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Magie Estel

Address No 13 Cuba St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4-8773

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *July 16th 1891*
  4. Place of Birth, (Street and Number) *No 124 Hancock Street Baltimore*
  5. Full Name of Mother, *Lina Spigel*
  6. Mother's Maiden Name, *Lina Lintner*
  7. Mother's Birthplace, *Lennestadt Prussia*
  8. Full Name of Father, *Julius Spigel*
  9. Father's Occupation, *Wholesale Shirt Manufacturer (Spigel & Son)*
  10. Father's Birthplace, *Helmstedt Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Timothy M. Thomas M.D.*
- Address, *No 205 St. Lombard St.*
- Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# 1187711 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *July 16/84*  
 4. Place of Birth, (Street and Number) *752 W. 8<sup>th</sup> St.*  
 5. Full Name of Mother, *Maggie Luettmann*  
*Grünefeld*  
 6. Mother's Maiden Name, *German*  
 7. Mother's Birthplace, *Germany*  
 8. Full Name of Father, *Henry Luettmann*  
 9. Father's Occupation, *Laborer*  
 10. Father's Birthplace, *Germany*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Elsie Knap*  
 Address *#236 Canton St.*  
 Remarks,



Print any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48773

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 16<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Highlandtown, Balto Co*
5. Full Name of Mother, *Susanach P. Schuebelin*
6. Mother's Maiden Name, *Rosannah Johnson*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Peter Schuebelin*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary E. Summ*
- Address, *#1771 P. Washington St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth  
1. Sex (state whether male or female) girl  
2. Race or Color, (if not of the white race) Wit  
3. Date of Birth 16 July  
4. Place of Birth, (Street and Number) Kattelstreet #283  
5. Full Name of Mother Kathi pscherrer  
6. Mother's Maiden Name " " grebe  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Emrich gr pscherrer  
9. Father's Occupation Laalman  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Baltimore Bandstreet #1013  
Address \_\_\_\_\_  
Remarks ms maurey

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, .....
4. Place of Birth, (Street and Number) .....
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, .....
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White  
July 16 1887  
221 Montgomery St  
Amanda James  
Amanda Cook  
Wid  
Capt John James  
Mariner  
Wid  
H. B. Noble M.D.  
37 Warren av

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 16, 1881
4. Place of Birth, (Street and Number) No. 508 E. Chase St
5. Full Name of Mother Mrs. Margaret C. Hall
6. Mother's Maiden Name Mrs. Margaret C. James
7. Mother's Birthplace Baltimore County, Md.
8. Full Name of Father Mr. R. Henke Hall
9. Father's Occupation Food Merchant
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Landman M.D.
- Address No. 102 N. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 16<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 112 S Bost. St.*
5. Full Name of Mother *Louisa Bohnenberg*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Friedrich Bohnenberg*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Native of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Betz*
- Address *120 Bank St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48780

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 16 1881*
4. Place of Birth, (Street and Number) *467 Monument St.*
5. Full Name of Mother, *Eliza Chambers*
6. Mother's Maiden Name, *Nagle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry P. Chambers*
9. Father's Occupation, *Paper Hanger*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. L. Garrison*
- Address, *Mr. Fayette Cotton Jr.*
- Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Twins) 2 & 3<sup>rd</sup>

1. Sex (state whether male or female) Both male

2. Race or Color, (if not of the white race) white

3. Date of Birth July 16<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 330 Myrtle Ave.

5. Full Name of Mother Belle Jay Es Laughlin

6. Mother's Maiden Name Fullerton

7. Mother's Birthplace Balts. City Md.

8. Full Name of Father Thomas Laughlin

9. Father's Occupation Shoemaker

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks First child presented normally; second, by the face, forcing an instrumental delivery.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male; or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 16th 1894
4. Place of Birth, (Street and Number) 167 Lee St
5. Full Name of Mother Elena Proch
6. Mother's Maiden Name Wittke
7. Mother's Birthplace Bavaria
8. Full Name of Father John F. Proch
9. Father's Occupation Book-keeper
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. W. Seligman
- Address 2174 N. Gay St
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7-17-1881*
4. Place of Birth, (Street and Number) *161 W. Lombard St. (Waterworks)*
5. Full Name of Mother, *Russie Jackson*
6. Mother's Maiden Name, *Unknown*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *Unknown*
10. Father's Birthplace, *Unknown*
- Name of Medical Attendant, or other Person who makes this Return *L. C. Biting M.D.*
- Address, *161 W. Lombard St.*
- Remarks, *Mother married but child illegitimate*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, at Stockholm at July 17<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Balt. 44 Stockholm st.
5. Full Name of Mother, Mary Elizabeth Matthews
6. Mother's Maiden Name, Mary Elizabeth Bright
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Charles Matthews
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Sarah Holley
- Address, 22 Stockholm st.
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17th 81  
82 Henrietta st  
Wilhelmine Gief  
Kern

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Benjamin Gief  
U. S. Soldier  
Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiger, midwife  
330 Remond St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17th 1881

4. Place of Birth, (Street and Number)

Christine Roeth  
Prinlander

5. Full Name of Mother,

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

No 300 Hanover st

8. Full Name of Father,

Christoph Roeth

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address

330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48788

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 17 July
4. Place of Birth, (Street and Number) 8 Gough
5. Full Name of Mother, Kath. Mohn
6. Mother's Maiden Name, Hearne
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, James Mohn
9. Father's Occupation, Workman
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Lora Crozier
- Address, 72 E. Lombard
- Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 15789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 1212 North St.

5. Full Name of Mother, Mary Schultz

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John Schultz

9. Father's Occupation, Boatman

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return Mary Waller

Address, 125 N. Caroline St.

Remarks, Balto. P.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

July 19<sup>th</sup> 1881



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 122 Wolfe St.

5. Full Name of Mother, Barbara Batt

6. Mother's Maiden Name, Barbara Moly.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Jacob Batt.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return

Address, 31 South Wolfe St.

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. July 17 1881



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14 1881

4. Place of Birth, (Street and Number) 4 Chambers St

5. Full Name of Mother, Carolina Simon

6. Mother's Maiden Name, Carolina Simon

7. Mother's Birthplace, Germany

8. Full Name of Father, Matthew Simon

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Simon

Address, 1211 York St

Remarks,

48792

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17-1881

4. Place of Birth, (Street and Number) 191 Wilson St.

5. Full Name of Mother, Ann C Brown

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father,  Jas. H. Brown

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. J. H. Baker or other Person who makes this Return

Address, 191 Wilson St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or relieve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

48793  
HEALTH  
21  
1881  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 17th 1881*
4. Place of Birth, (Street and Number) *20 Warren Court*
5. Full Name of Mother, *Melania Thomas*
6. Mother's Maiden Name, *Melina Meyers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John L. Thomas*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Leah Walker*
- Address,
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 22 1881*
4. Place of Birth (Street and Number) *229 Hamburg St.*
5. Full Name of Mother *Eliza Spicknall*
6. Mother's Maiden Name *Eliza Thigh*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Alfred Spicknall*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Cottell, M.D.*
- Address *229 W. Fayette St.*
- Remarks

48795



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *17th July*  
 4. Place of Birth (Street and Number) *28th St. Baltimore*  
 5. Full Name of Mother *Rebecca Scott*  
 6. Mother's Maiden Name *Rebecca Scott*  
 7. Mother's Birthplace *South Carolina*  
 8. Full Name of Father *Philip Thomas Scott*  
 9. Father's Occupation *Wagon Driver*  
 10. Father's Birthplace *St. Louis, Missouri*  
 Name of Medical Attendant, or other Person who makes this Return *Lucy Bennett*  
 Address *13 Gordon St.*  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *July 11th 81*
4. Place of Birth, (Street and Number) *204 Eutaw*
5. Full Name of Mother, *Amanda Grawig*
6. Mother's Maiden Name, *Gribble*
7. Mother's Birthplace, *America*
8. Full Name of Father, *John Grawig*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *J. Schwasser midwife*
- Address, *330 Hanover st*
- Remarks, .....





That any Physician, accoucheur, mid-wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 17
4. Place of Birth, (Street and Number) 33 - Charm St
5. Full Name of Mother Arabella Wheeler
6. Mother's Maiden Name Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. Wheeler
9. Father's Occupation Sail Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. G. K.
- Address 115 S. Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*

1. Sex, (state whether male or female)...

*Boy*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*July 17<sup>th</sup> 1887*

4. Place of Birth, (Street and Number)

*308 Ocean St*

5. Full Name of Mother,

*Emma R Muekel*

6. Mother's Maiden Name,

*Emma Ritzius*

7. Mother's Birthplace,

*Balto*

8. Full Name of Father,

*George Muekel*

9. Father's Occupation,

*Cigar maker*

10. Father's Birthplace,

*Balto*

Name of Medical Attendant, or other Person who makes this return.

*Mrs Mary Edinurs*

Address,

*#171 E. Washington St*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

17 July 1881

4. Place of Birth (Street and Number)

New Church Street 5

5. Full Name of Mother

Annie Miller

6. Mother's Maiden Name

Ann Cooper

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

George Washington Miller

9. Father's Occupation

Black iron worker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Winchard

Address

224 West Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 17th 1881*
4. Place of Birth (Street and Number) *No 140 Plattefoot Alley*
5. Full Name of Mother *Barbara Doer*
6. Mother's Maiden Name *Keller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fredrich Doer*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Baly*
- Address *120 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 17<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *241 Laureates str*
5. Full Name of Mother *Helma Citzman*
6. Mother's Maiden Name *Gebhart*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Otto Citzman*
9. Father's Occupation *Driver*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bank st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 17<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *7324 Alice Ann St*
5. Full Name of Mother *Barbara Kaufman*
6. Mother's Maiden Name *" Stern*
7. Mother's Birthplace *German*
8. Full Name of Father *Charles Kaufman*
9. Father's Occupation *Motions Pic &c*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bely*
- Address *120 Bank St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *17 July 1881*
4. Place of Birth, (Street and Number) *116 N. Central Ave.*
5. Full Name of Mother, *Lilla Siebert*
6. Mother's Maiden Name, *Young*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Fredrick Siebert*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Stein*
- Address, *151 E. Pratt St*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth July 17 4-1881

4. Place of Birth (Street and Number) 355 E Monument-st

5. Full Name of Mother Caroline C. Messner

6. Mother's Maiden Name " Silberzahn

7. Mother's Birthplace Baltimore County

8. Full Name of Father Charles W. Messner

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address No 238 Broadway

Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, *July 17, 1881*.....
4. Place of Birth, (Street and Number) *E Lombard str No 340*.....
5. Full Name of Mother, *Therese Winkler*.....
6. Mother's Maiden Name, *Anson*.....
7. Mother's Birthplace, *Ba. It*.....
8. Full Name of Father, *John Winkler*.....
9. Father's Occupation, *Paper hanger*.....
10. Father's Birthplace, *Ba. It*.....
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Brown*.....
- Address, *E Lombard str No 14*.....
- Remarks, *Indicate*.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

45506  
Female  
White  
July 17, 1881  
66 Fawn St  
Annie Bently  
Cullen  
Ireland  
Jas. G. Bently  
Paper Hanger  
Maryland  
George H. Kohn  
44 S. Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 17/87*
4. Place of Birth, (Street and Number) *#157 Eastern St.*
5. Full Name of Mother, *Lina Wilke*
6. Mother's Maiden Name, *Wilke*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wietrich Wolter*
9. Father's Occupation, *Storekeeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Knapf*
- Address, *#236 Canton Ave.*
- Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48808

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 17/91  
4. Place of Birth, (Street and Number) #52 Philpot St.  
5. Full Name of Mother, Mary Reepe  
6. Mother's Maiden Name, Lempert  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, John Reepe  
9. Father's Occupation, Laborer  
10. Father's Birthplace, Germany  
Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Neff  
Address 1286 Canton Ave.  
Remarks,

That any physician, neonatologist, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

45509

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male ~~or Female~~) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *17<sup>th</sup> July*
4. Place of Birth (Street and Number) *188 Gilman*
5. Full Name of Mother *Wolcott H. Reddick*
6. Mother's Maiden Name *Raymond*
7. Mother's Birthplace *West Va*
8. Full Name of Father *Geo. F. Reddick*
9. Father's Occupation *Contractor*
10. Father's Birthplace *Ind*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Geo. H. Reddick*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 34
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 17<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 307 North Front st.
5. Full Name of Mother Mary Brent
6. Mother's Maiden Name Mary Barker.
7. Mother's Birthplace Balto.
8. Full Name of Father Joseph Brent
9. Father's Occupation Ironing rail road.
10. Father's Birthplace Balto. Germany
- Name of Medical Attendant, or other Person who makes this return. Saml. Hillegeist
- Address 182 East Baltimore Monument st
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Only 17th 1881
4. Place of Birth, (Street and Number) 422 N Canal St
5. Full Name of Mother Elizabeth Bachmann
6. Mother's Maiden Name Elizavitz
7. Mother's Birthplace Balt City
8. Full Name of Father Henry Bachmann
9. Father's Occupation Printer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. J. W. Storer M.D.
- Address 474 N Gay St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1188121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*1st*  
*Female*  
*White*  
*July 17th 1888*  
*55 Woodward St*  
*Eda Carey*  
*Griffith*  
*Walter Carey*  
*Cross B & D*  
*City*  
*Dr. J. H. ...*  
*168 F.W.*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

11581B

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17, 1881

4. Place of Birth, (Street and Number)

271 E. Biddle St.

5. Full Name of Mother,

Mattie Martinet

6. Mother's Maiden Name,

" Lang

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Simon P. Martinet Jr

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

H. M. White - M.D.

Address,

347 N. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Male  
white  
July 18/87.  
38 Hubbard St. L. Point  
Caroline Bodie  
do Mrs. Dwyer  
Bald, Ct.  
Frank Bodie  
Musician  
I Caly  
S. B. W. Mansfield  
117 S. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

145815

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female  
white  
July 18.  
32 S. Hampstead St.  
Jane Morgan  
Jane Barnes  
St. Marys County  
John Morgan  
Stevenson  
St. Marys Co.  
Francis Andersson  
N. Castle St. No 8

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 18<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *114 Goddard Alley*
5. Full Name of Mother, *Mary Branstetter*
6. Mother's Maiden Name, *Mary Dolan*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George Branstetter*
9. Father's Occupation, *Black Blower*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cook MD*
- Address *146 Nassau*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, immediately within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4

Male

July 18

238 Montgomeryst.

Kate

Harrel

11

Hegner

Wm

Wm Fonell

Labourer

Wm

Ellis

13 Fifth St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

115518

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 18<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 262 Battery Ave
5. Full Name of Mother Sarah Shandlin
6. Mother's Maiden Name Sarah Shaskins
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Shandlin
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this return. Catherine Shover
- Address 1<sup>st</sup> 18 Byrd St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48819

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Male

July 18th 1881  
250 Bolton St  
Minnie Ann Ramsay  
Jenks  
Philadelphia  
John Breckenridge Ramsay  
Broker  
Port Deposit Md  
Elias Le Price M.D.  
262 Madison Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

48820

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 18<sup>th</sup> 1881  
 4. Place of Birth (Street and Number) 726 George St  
 5. Full Name of Mother Martha J. Green  
 6. Mother's Maiden Name " Ellison  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father John A. Green  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. E. Goverlockm.  
 Address 289 W Fayette St  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

118821

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 18 July 1881
4. Place of Birth, (Street and Number) 24 Full St
5. Full Name of Mother Charlotte R. Nagel
6. Mother's Maiden Name Charlotte R. Morgan
7. Mother's Birthplace Kearfoot Co. N. D.
8. Full Name of Father Emmanuel Nagel
9. Father's Occupation Teacher
10. Father's Birthplace Lebanon Co.
- Name of Medical Attendant, or other Person who makes this Return. Margie Effe
- Address No 13 Cuba Street
- Remarks \_\_\_\_\_

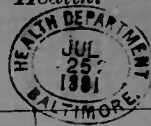
That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 18 July 1881
4. Place of Birth, (Street and Number) Forbes Street
5. Full Name of Mother Mary Morgan
6. Mother's Maiden Name Mary Burnett
7. Mother's Birthplace England
8. Full Name of Father Thomas Morgan
9. Father's Occupation Laborer
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Magie Ellet
- Address No 13 India Street
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

45823

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 day of July 1991

4. Place of Birth, (Street and Number)

16 17 Hammond St

5. Full Name of Mother,

Lizzie Bowers

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

George Kreder

8. Full Name of Father,

Labour

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs. Riley

Address,

1012 Patterson Park

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1188211

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 Child born
1. Sex (state whether male or female) the male
2. Race or Color, (if not of the white race) C. Mest
3. Date of Birth 13th July
4. Place of Birth, (Street and Number) Mechanics Port St 115
5. Full Name of Mother E. Penabette Benjamin
6. Mother's Maiden Name E. Penabette Carter
7. Mother's Birthplace Williamsburg Co Virginia
8. Full Name of Father B. Charles Benjamin
9. Father's Occupation Slender
10. Father's Birthplace Williamsburg Co Virginia
- Name of Medical Attendant, or other Person who makes this Return. J. H. H. H. H. H.
- Address 1135 Hubbard Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 18<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *726 N. Pratt St.*
5. Full Name of Mother, *Laura Ford*
6. Mother's Maiden Name, *Duwall*
7. Mother's Birthplace, *Howard County, Md.*
8. Full Name of Father, *Frank L. Ford*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this Return, *J. Walton White M.D.*
- Address, *79 N. Gilman St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18<sup>th</sup> 1887

4. Place of Birth, (Street and Number)

#

W. Alice Ave St

5. Full Name of Mother,

R. F. Kamm

6. Mother's Maiden Name,

R. Felling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert F. Kamm

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Quinn

Address,

# 471 S. Washington St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 18th 1887*
4. Place of Birth, (Street and Number) *#144 P. Wolfe St*
5. Full Name of Mother, *R. J. Robinson*
6. Mother's Maiden Name, *R. Stokes*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *W. H. Robinson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Fume*
- Address, *#171 P. Washington St.*
- Remarks,

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *July 15th*
3. Date of Birth, *July 15th*
4. Place of Birth, (Street and Number) *351 Franklin Street*
5. Full Name of Mother, *Louisa Schulz*
6. Mother's Maiden Name, *" Lehnner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Emil Schulz*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs. Emma Schulz*



advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex, (state whether male or female) *Girl*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth. *18<sup>th</sup> July*  
 4. Place of Birth, (Street and Number) *No. 7 Bennett St*  
 5. Full Name of Mother, *Cristine Louise Schoolke*  
 6. Mother's Maiden Name, *Cristine Louise Koenig*  
 7. Mother's Birthplace, *Baltimore city*  
 8. Full Name of Father, *George Louis Schoolke*  
 9. Father's Occupation, *Carriage Maker*  
 10. Father's Birthplace, *Annapolis Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs Sarah Sulleris*  
*104 Curley street canton*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *July 6 1888*
4. Place of Birth, (Street and Number) *Thomas St. No. 41*
5. Full Name of Mother, *Ann Maria Hopkins*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *Pa. St.*
8. Full Name of Father, *Har. Hopkins*
9. Father's Occupation, *Librarian*
10. Father's Birthplace, *Pa. St.*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. J. Chamberlain*
- Address, .....
- Remarks, *1 year old*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother ~~state whether~~ 1st, 2nd, 3rd, etc.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Black

18th July 1881-

34 W. Park St.

Laura Howard  
Beyler

Mrs  
David Howard  
Labourer

Sir J. C. L. L.  
#1 W. W. L. L.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 10 1881*
4. Place of Birth, (Street and Number) *2nd Avenue East*
5. Full Name of Mother, *Anna Rachel*
6. Mother's Maiden Name, *Reich*
7. Mother's Birthplace, *Prussia, Bohemia*
8. Full Name of Father, *Maximilian Reich*
9. Father's Occupation, *Carriage Driver*
10. Father's Birthplace, *Prussia, Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Doctor Reich*
- Address, *100 Second St.*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118853

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 11/91
4. Place of Birth, (Street and Number) 116 1/2 E. Main Street at  
Jennie Carroll
5. Full Name of Mother, Mat. married
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Carroll
- Address, 116 1/2 E. Main Street
- Remarks, Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Name, Ella May Meiser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh.

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19th Feb. 1881.

4. Place of Birth (Street and Number)

424 W. Fayette St. - Baltimore

5. Full Name of Mother

Margaret E. Meiser

6. Mother's Maiden Name

Margaret E. Schneider

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Norman Meiser

9. Father's Occupation

Wheeler in Bay

10. Father's Birthplace

Frankenburg, Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Gale

Address

425 W. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ninth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 19<sup>th</sup> 1881

4. Place of Birth (Street and Number)

568 7th Balt. St.

5. Full Name of Mother

Elizabeth Shogogue

6. Mother's Maiden Name

Morrell

7. Mother's Birthplace

New York City

8. Full Name of Father

Eugene Russell Shogogue

9. Father's Occupation

Book Store

10. Father's Birthplace

New York City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Julia Green

Address

466 North Gay St Baltimore

Remarks

Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1883/6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 19<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *167 Edmondson Ave*  
 5. Full Name of Mother *Emma Dorsey Ellis*  
 6. Mother's Maiden Name *"B. C."*  
 7. Mother's Birthplace *John E. Ellis*  
 8. Full Name of Father *Merchant*  
 9. Father's Occupation *E. S. Maryland*  
 10. Father's Birthplace *J. Harvey Hill M.D.*  
 Name of Medical Attendant, or other Person who makes this Return. *119 Edmondson Ave.*  
 Address  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in, or attend upon the delivery of any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48837

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female).. *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 19.*
4. Place of Birth, (Street and Number) *Lancaster near Charles str*
5. Full Name of Mother, *Emma Walther Hantke*
6. Mother's Maiden Name, *Emma Walther*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Maurice D. Hantke*
9. Father's Occupation, *Clarist*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. Hantke*
- Address, *37 Federal St.*
- Remarks,

1. Any physician, accountant, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *uesday morning july 19 at 7-30*
4. Place of Birth, (Street and Number) *21 port street*
5. Full Name of Mother, *jinne gunnsmann*
6. Mother's Maiden Name, *jinne rieman*
7. Mother's Birthplace, *germany*
8. Full Name of Father, *valentine gunnsmann*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return *W. S. Riley*
- Address, *1216 Calverton Park St*
- Remarks.

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

19 July

4. Place of Birth, (Street and Number)

26 Holiday

5. Full Name of Mother,

Bridget Dimmery

6. Mother's Maiden Name,

Boach

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Dimmery

9. Father's Occupation,

workman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna Casper

Address,

72 N. Howard

Remarks,

That any physician, nurse, midwife or other person in charge, who shall attend, name of  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, his or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 19 July
4. Place of Birth, (Street and Number) 21 W. Pratt
5. Full Name of Mother, Lina Divina
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Levi Divina
9. Father's Occupation, Restaurant
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Sara Carper
- Address, 72 B Lombard
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)... 1st
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 19 July
4. Place of Birth, (Street and Number)..... 120 S. Carolina
5. Full Name of Mother,..... Mari Perner
6. Mother's Maiden Name,..... Hamel
7. Mother's Birthplace,..... Balt Md
8. Full Name of Father,..... Frank Perner
9. Father's Occupation,..... Taylor
10. Father's Birthplace,..... Balt Md
- Name of Medical Attendant, or other Person who makes this Return..... Wm. P. P. P. P. P.
- Address,..... 72 S. Richardson
- Remarks,.....

to be filled out by the mother, or other person at the age, who shall submit, as a condition of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

19 July

4. Place of Birth, (Street and Number)

102 Howard st.

5. Full Name of Mother,

Lizzie Warner

6. Mother's Maiden Name,

Jackson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Click Warner

9. Father's Occupation,

Wet Washer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Angeline Wilson

Address,

184 Warner st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colord.*
3. Date of Birth, *19 July*
4. Place of Birth, (Street and Number) *84 Cutaw st*
5. Full Name of Mother, *Marrie Ellen Yelle*
6. Mother's Maiden Name, *" " Brown*
7. Mother's Birthplace, *Kentiv land*
8. Full Name of Father, *George Wells*
9. Father's Occupation, *Drayman*
10. Father's Birthplace, *St. Marries County*
- Name of Medical Attendant, or other Person who makes this Return *Angelina Wilson*
- Address, *224 Warren St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 19<sup>th</sup> 1881
4. Place of Birth (Street and Number) Baltimore, Md. Greenwillow St. No. 3
5. Full Name of Mother Mrs. Samuel W. C. Manne
6. Mother's Maiden Name Miss Bettie D. Mathews
7. Mother's Birthplace Hanover County, Va.
8. Full Name of Father Mr. Samuel W. C. Manne
9. Father's Occupation Porter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Wm. Johnson
- Address 924 York Street
- Remarks Doing well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

Color

3. Date of Birth

19 of July

4. Place of Birth (Street and Number)

case 10 38

5. Full Name of Mother

Emmer Grass

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Robert Grass

9. Father's Occupation

hunter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Lucy Chanies

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First  
Female

July 19 1881

to 118 Jefferson St

Ella M. Galloway, Bacon

" " Harris

Baltimore

Joshua Galloway, Bacon

Brake man

Maryland

Chas. A. Russell

186 St. George St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, learn of or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *19<sup>th</sup> of July*
4. Place of Birth, (Street and Number) *76 Oak St*
5. Full Name of Mother, *Annie M<sup>c</sup> Cormick*
6. Mother's Maiden Name, *M<sup>c</sup> Neil*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas M<sup>c</sup> Cormick*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Charles Crosby*
- Address, *369 Cathedral St.*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*  
1. Sex, (state whether male or female)..... *female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *19 of July 1881*  
4. Place of Birth, (Street and Number) *484 Washington*  
5. Full Name of Mother, *Mary Pott*  
6. Mother's Maiden Name, *Shwitzer*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Joe Pott*  
9. Father's Occupation, *Carver*  
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs Rose Ulbig*  
*48 Holland St*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19/11
4. Place of Birth, (Street and Number) #175 Bond St
5. Full Name of Mother, Ellen Bennion
6. Mother's Maiden Name, " " Davis
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Bennion
9. Father's Occupation, Porter
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Mrs Grace Kraft
- Address #236 Canton
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... July 12, 1880
4. Place of Birth, (Street and Number) ..... 244 N. 1st St.
5. Full Name of Mother, ..... Maria Hill
6. Mother's Maiden Name, ..... Smith
7. Mother's Birthplace, ..... German Township
8. Full Name of Father, ..... William Hill
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... Germany
- Name of Medical Attendant, or other Person who makes this return ..... William Hill
- Address, ..... 244 N. 1st St.
- Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... 17 July
4. Place of Birth, (Street and Number) ..... 122 E. Baltimore St.
5. Full Name of Mother, ..... Maria Thomas
6. Mother's Maiden Name, ..... Thomas
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Lucius Thomas
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... New York
- Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. C. Smith
- Address, ..... 123 N. Main St.
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

118852

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 19-81.

4. Place of Birth (Street and Number) 231 N. Gilman

5. Full Name of Mother Hattie Clark-

6. Mother's Maiden Name Hindes

7. Mother's Birthplace Baltimore

8. Full Name of Father James Clark-

9. Father's Occupation Grain Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John T. Kenney, M.D.

Address 215 N. Carrollton Ave

Remarks Normal Labor.



Let any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118853

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 19th 1881

4. Place of Birth, (Street and Number)

8 West St.  
Elizabet Wenden

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Geo C Wenden  
Lecty

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Geo Wenden M.D.  
1211 Fulton St

Address,

Remarks,

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20<sup>th</sup> 87

4. Place of Birth, (Street and Number)

4 57 Mc Henry St

5. Full Name of Mother,

Anna Thater

6. Mother's Maiden Name,

Lappe

7. Mother's Birthplace,

Horseshoe

8. Full Name of Father,

Charles Thater

9. Father's Occupation,

Agar maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address.

328 S. Tarr St

Remarks.



1. In any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 20<sup>th</sup> 1887  
4. Place of Birth, (Street and Number) # 230 Conway St.  
5. Full Name of Mother, Anna Ballman  
6. Mother's Maiden Name, Vonderellen  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Chas. Ballman  
9. Father's Occupation, Book Keeper  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other Person who makes this Return Mary Froh  
Address, 7228 S. Ewart St.  
Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

4th child  
female  
white  
July 20/81  
337 W. Hoffman St.  
Mary A. Livingstone  
Eames  
Virginia  
William A. Livingstone  
Telegraph Operator  
Baltimore, Md.  
A. K. Wettenhaff, M.D.  
205 W. W. St.

That any Physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, living, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118857

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 13
4. Place of Birth, (Street and Number) 800 Spring St
5. Full Name of Mother, Sophia Goldmann
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....
- Name of Medical Attendant, or other Person who makes this Return, Mrs. J. C. Johnson
- Address, 120 18th St
- Remarks, Healthful child



That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20
4. Place of Birth, (Street and Number) 1156 Johnson St
5. Full Name of Mother Bethie McRotten
6. Mother's Maiden Name McMullen
7. Mother's Birthplace Baltimore
8. Full Name of Father James McRotten
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Wash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

115859

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 20th July 1881
4. Place of Birth, (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Balt
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. H. W. Webster
- Address 57 Barre st
- Remarks This being an illegitimate birth  
names of parents are not given  
H. W. Webster

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 20th July

4. Place of Birth, (Street and Number) 11th E. Street St. 2nd floor

5. Full Name of Mother, Louisa Seiler

6. Mother's Maiden Name, Seiler

7. Mother's Birthplace, Germany

8. Full Name of Father, John Seiler

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm. Linton

Address No 70 E. Enoch St

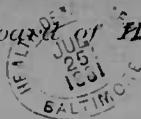
Remarks \_\_\_\_\_



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Lottie L. Bliggard (First)*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 20<sup>th</sup> /81*
4. Place of Birth, (Street and Number) *187 Lindvale St*
5. Full Name of Mother, *Lottie L. Bliggard*
6. Mother's Maiden Name, *Lottie L. Robinson*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Wm. H. Bliggard*
9. Father's Occupation, *Undertaker*
10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Wm. H. Bliggard*  
*187 Lindvale St*

inviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 26<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 63 Woodford St*
5. Full Name of Mother, *Lina Wolf*
6. Mother's Maiden Name, *" Becker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Wolf*
9. Father's Occupation, *Laber*
10. Father's Birthplace, *Land County*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. E. Schmitt*
- Address, *N<sup>o</sup> 528 Lina Avenue*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 24, 1881

4. Place of Birth (Street and Number)

233 Williams St. Baltimore

5. Full Name of Mother

Louise Charlotte Spock

6. Mother's Maiden Name

Louise Charlotte Brant

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

James S. Spock

9. Father's Occupation

Book Binder

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm Conway

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

48864

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *Second*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) ..... *White*
3. Date of Birth, ..... *20 of July*
4. Place of Birth, (Street and Number) ..... *37 Essex st*
5. Full Name of Mother, ..... *Mary Margret Genard*
6. Mother's Maiden Name, ..... *Thies*
7. Mother's Birthplace, ..... *Germany*
8. Full Name of Father, ..... *Thomas Genard*
9. Father's Occupation, ..... *Booker*
10. Father's Birthplace, ..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, ..... *Mrs Mary A. Dorman,*
- Address, ..... *335 Eastern Ave.*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 20th 1881*
4. Place of Birth, (Street and Number) *Bank near Spring St.*
5. Full Name of Mother, *Mary Mc. Adams*
6. Mother's Maiden Name, *" Gustis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Mc. Adams*
9. Father's Occupation, *Seagart driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. B. Bernstein*
- Address, *1136 E. Lombard St.*
- Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 26, 20, 1881*
4. Place of Birth, (Street and Number) *1125 Galloway St. No. 1125*
5. Full Name of Mother, *Margarettha Porsel*
6. Mother's Maiden Name, *Margarettha Schab*
7. Mother's Birthplace, *Frankfurt, Gr. Hesse, Germany*
8. Full Name of Father, *Wilhelm Porsel*
9. Father's Occupation, *Milk Dealer*
10. Father's Birthplace, *Frankfurt, Gr. Hesse, Germany*

Name of Medical Attendant, *or other Person who makes this return* *Wm. E. Miller*

Address, *1125 Galloway St. No. 1125*

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 8 child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white white

3. Date of Birth

July 20

4. Place of Birth (Street and Number)

Baltimore Co

5. Full Name of Mother

Lucinda Millington

6. Mother's Maiden Name

Lucinda Brown

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles A. Millington

9. Father's Occupation

laborer

10. Father's Birthplace

Harford Co

Name of Medical Attendant, or other Person who makes this Return

Lennie Mills

Address

116 Stachholder St

Remarks

doing well

# RETURN OF A BIRTH, 118868

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 20 July
4. Place of Birth, (Street and Number) Essig street No 9
5. Full Name of Mother Theresia won Pintel
6. Mother's Maiden Name " " Okle
7. Mother's Birthplace " " Baltimore
8. Full Name of Father Theodor won Pintel
9. Father's Occupation Painter
10. Father's Birthplace Volkhausen Hessen
- Name of Medical Attendant, or other Person who makes this Return. Barnard street No 143
- Address \_\_\_\_\_
- Remarks md Maurer

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Female*  
*White*  
*July 20<sup>th</sup> 1881*  
*21 Williamson St*  
*Mary Hood*  
*Mary Osborn*  
*Md*  
*Lewis Hood*  
*Mechanic*  
*Md*  
*J. C. Bitole, M.D.*  
*57 Warren St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 20<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No. 86 S. Register str*
5. Full Name of Mother *Margetha Schwartzkopf*
6. Mother's Maiden Name *Grown*
7. Mother's Birthplace *German*
8. Full Name of Father *Henry Schwartzkopf*
9. Father's Occupation *Driver*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Reib*
- Address *122 Bank str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jul 20 1891
4. Place of Birth, (Street and Number) 227 St. Paul St
5. Full Name of Mother, Anna Kenseit
6. Mother's Maiden Name, Anna Bryden
7. Mother's Birthplace, New York
8. Full Name of Father, J. R. Kenseit
9. Father's Occupation, Merchant
10. Father's Birthplace, New York
- Name of Medical Attendant, or other Person who makes this Return Dr. William
- Address 1121 Hillman
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 of July 1881*
4. Place of Birth, (Street and Number) *43 Muligan St*
5. Full Name of Mother, *Pauline Lester*
6. Mother's Maiden Name, *Philideplog*
7. Mother's Birthplace, \_\_\_\_\_
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

*Mrs Ros Albion*  
*41 HOLLAND ST 1881*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5<sup>th</sup>  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

# 282 Hanover St.

5. Full Name of Mother,

Mary Louise League

6. Mother's Maiden Name,

Mary Louise Ashtow

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Martin League

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Bethel Munn

Address,

1 Lombard St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Her first child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Collard*
3. Date of Birth *Born the 26<sup>th</sup> of July*
4. Place of Birth (Street and Number) *Parish at corner of Winchester St*
5. Full Name of Mother *Virginia Rep*
6. Mother's Maiden Name *Virginia Glasco*
7. Mother's Birthplace *Eastern Shore Delaware Co Md*
8. Full Name of Father *James Rep*
9. Father's Occupation *Driver Furniture Wagon*
10. Father's Birthplace *Ginnaples*
- Name of Medical Attendant, or other Person who makes this return *Margaret Gohlbauer*
- Address *1010 Parish at corner Winchester*
- Remarks

# RETURN OF A BIRTH

48875

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *20 of July*
4. Place of Birth, (Street and Number) *118 York Street*
5. Full Name of Mother, *Kate Holloway*
6. Mother's Maiden Name, *Kate Wite*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Sam Wite*
9. Father's Occupation, *Drummer*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, *or other Person who makes this Return.* *Miller (C.R. 524)*
- Address, *181 York Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist, or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth July 20<sup>th</sup> - 1881

4. Place of Birth (Street and Number)

Washington Street - 2<sup>nd</sup> Ward

5. Full Name of Mother

Annie Clara Brauer from Gay

6. Mother's Maiden Name

" " Luken

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Brauer

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. L. Russell

Address

W. W. Cor Broadway & Madison St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *July 20. 1881*
4. Place of Birth (Street and Number) *78 & 19 Baltimore St.*
5. Full Name of Mother *Selma S. Chapman*
6. Mother's Maiden Name *Selma S. Little.*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Jonathan G. Chapman,*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Hawk M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 20/01*
4. Place of Birth, (Street and Number) *120 Thomas Str*
5. Full Name of Mother, *Mary Sullivan*
6. Mother's Maiden Name, *Bokern*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Sullivan*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Scotland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Shapiro*
- Address, *1236 Canton Ave*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Seventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *July 20 - 1891*
4. Place of Birth, (Street and Number) *No. 439 E. Eager St*
5. Full Name of Mother, *Sarah B. Bayley*
6. Mother's Maiden Name, *Sarah B. Birch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm J. Bayley*
9. Father's Occupation, *Saloonman*
10. Father's Birthplace, *W. Va.*
- Name of Medical Attendant, or other Person who make this Return *Thos. A. Allwell*
- Address, *246 E. Eager St*
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9  
Female  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 30<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

18 N. Guilmore St.

5. Full Name of Mother,

Mrs

Isabella McGee

6. Mother's Maiden Name,

Isabella Nearor

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John A. McGee

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Cincinnati Ohio

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. J. J. J. J.  
St. Louis Mo

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20<sup>th</sup> 1896
4. Place of Birth, (Street and Number) # 56 Park street
5. Full Name of Mother Annie Montgomery
6. Mother's Maiden Name Annie Mc Lurg
7. Mother's Birthplace Balt.
8. Full Name of Father John Montgomery
9. Father's Occupation Liquor Store
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return. Anna H. H. H. H.
- Address 82 E Monument st.
- Remarks \_\_\_\_\_

1. List any physician, accoucheur, midwife, or other person in charge, who shall furnish, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *African*
3. Date of Birth, *July 20 1881*
4. Place of Birth, (Street and Number) *#38 Dwyer Street*
5. Full Name of Mother, *Julia Ford*
6. Mother's Maiden Name, *Julia Platt*
7. Mother's Birthplace, *Windsor, Co., Va.*
8. Full Name of Father, *Major Ford*
9. Father's Occupation, *Walter*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who make this Return, *Mrs. Amy Harbach (Call)*
- Address, *#24 Boyd Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 20, 1881* *6.4 M*
4. Place of Birth (Street and Number) *187 S. Bond St.*
5. Full Name of Mother *Eliza Ann Hager*
6. Mother's Maiden Name *Eliza A. Hager*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Hager*
9. Father's Occupation *Black Cutter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *James E. Kinniburgh*
- Address *17 E. Baltimore Street*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the ~~white~~ race) \_\_\_\_\_
3. Date of Birth July 21 1881
4. Place of Birth (Street and Number) No 6 Bethel Row
5. Full Name of Mother Matilda Hommon
6. Mother's Maiden Name Matilda Brown
7. Mother's Birthplace Baltimore City
8. Full Name of Father Augustus Hommon
9. Father's Occupation Water
10. Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return. Philo Pratt M.D.
- Address 1031 Lewis St Baltimore
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 21st

4. Place of Birth (Street and Number) 10 North Hall

5. Full Name of Mother Adeline Reed

6. Mother's Maiden Name Brook

7. Mother's Birthplace St. Mary's Co.

8. Full Name of Father Mrs. H. Reed

9. Father's Occupation Druggist

10. Father's Birthplace St. Mary's Co.

Name of Medical Attendant, or other Person who makes this Return. City Physician

Address 25 East St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) • •
3. Date of Birth July 21st
4. Place of Birth, (Street and Number) 118 S. 4th St
5. Full Name of Mother Lizzie Hauf
6. Mother's Maiden Name Block
7. Mother's Birthplace Germany
8. Full Name of Father August Hauf
9. Father's Occupation Clerk
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Mrs Getzke
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 21st 1881*

4. Place of Birth (Street and Number) *3 N. Stricker St.*

5. Full Name of Mother *Mattie Robinson*

6. Mother's Maiden Name *Byrne*

7. Mother's Birthplace *City*

8. Full Name of Father *Joseph Jakob Robinson Sr.*

9. Father's Occupation *Local Merchant*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Wm. A. B. Sullivan M. D.*

Address *S. W. cor. Carrollton Ave & Aurora St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 21-1881*
4. Place of Birth, (Street and Number) *32 S. Shock St.*
5. Full Name of Mother, *Jane Powell*
6. Mother's Maiden Name, *Jane Goessell*
7. Mother's Birthplace, *Balti.*
8. Full Name of Father, *Joseph Powell*
9. Father's Occupation, *Brass Founder*
10. Father's Birthplace, *Balti.*
- Name of Medical Attendant, *D. Sweet Med.* or other Person who makes this Return.
- Address, *143 N. E. St.*
- Remarks, *Labor easy & natural - both doing well*

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still-born or not, the full name, nativity, and residence, of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21 July

4. Place of Birth, (Street and Number)

84. Canton

5. Full Name of Mother,

Maggie Brown

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

" "

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other Person who makes this Return

Angelline Wilson

Address,

194 Warner St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

118890

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 21<sup>st</sup> 1881.  
4. Place of Birth (Street and Number) Sabatoga  
5. Full Name of Mother Sadie  
6. Mother's Maiden Name Sadie Flemming  
7. Mother's Birthplace Balt. Md  
8. Full Name of Father George Raub  
9. Father's Occupation Dentist  
10. Father's Birthplace New Jersey  
Name of Medical Attendant, or other Person who makes this Return. Thos. Lattimer  
Address 187 W. Biddle St  
Remarks Chloroform used during application of forceps  
Mother and child uninjured

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 31<sup>st</sup> 1881*
4. Place of Birth (Street and Number) *115 Hampstead st*
5. Full Name of Mother *Anna Lacher*
6. Mother's Maiden Name *" Scott*
7. Mother's Birthplace *City*
8. Full Name of Father *John Lacher*
9. Father's Occupation *Produce Dealer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bank st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 21 1881

4. Place of Birth (Street and Number) 773 Baltimore St

5. Full Name of Mother georgie Womack

6. Mother's Maiden Name georgie Ellen

7. Mother's Birthplace Elizabeth City Virginia

8. Full Name of Father William F Womack

9. Father's Occupation Bricklayer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mr S Kelley

Address 192 Pratt St Baltimore

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1889B

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female) *21 of female*
  2. Race or Color, (if not of the white race) *color & build*
  3. Date of Birth, *female*
  4. Place of Birth, (Street and Number) *78 Welcome alley*
  5. Full Name of Mother, *Ellen case*
  6. Mother's Maiden Name,
  7. Mother's Birthplace, *Colvert county*
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,
- Name of Medical Attendant, *or other Person who makes this Return.* *Miller G. G. G.*
- Address, *181 York street*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

July 21, 1881  
119 West 10th St  
Mary Ann Pearson  
Wife of  
Farmstead  
Mary Ann Pearson  
147  
Robert Walker  
Domestic  
Care for Mrs. Pearson  
119 West 10th St

Wife

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 21/81
4. Place of Birth, (Street and Number) 233 Pierce St
5. Full Name of Mother Mary Ann Machen Wells
6. Mother's Maiden Name Port Tobacco Ches. Co. Md.
7. Mother's Birthplace William Thomas Machen
8. Full Name of Father Sign Painter
9. Father's Occupation Balto. City Md,
10. Father's Birthplace Louis W. Knight M.D.,
- Name of Medical Attendant, or other Person who makes this Return. 112 N. Greene
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Female

July 2 (2d) 1881

441 S. Harrison

Kate Gallows

Aggleton  
City

Geo Gallows  
Carpenter

City  
and Place of  
No 87 Paca St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, 4th)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 21<sup>st</sup> 1881*

4. Place of Birth (Street and Number) *250. W. Lombard St*

5. Full Name of Mother *Etta Whalen Cushing*

6. Mother's Maiden Name *Etta Whalen*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Cushing Jr*

9. Father's Occupation *Gentleman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Samuel H. Henry*

Address *Druid Hill Ave Extended S.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *July 22 1881*
4. Place of Birth (Street and Number) *108 Hager Street between Light & Charles*
5. Full Name of Mother *Anne Watts*
6. Mother's Maiden Name *Anne Fisher*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Benjamin Franklin Fisher*
9. Father's Occupation *Water Carrier*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife*
- Address *May Lane*
- Remarks *resides at 13 Gravel Court*

148899

of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

2nd child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

8. *Date of Birth,*

July 22 nd 81  
355 Sharp

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

Mary Mulligan  
Kauktoher

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

America  
James O'Brien

8. *Full Name of Father,*

9. *Father's Occupation,*

Glassblower

10. *Father's Birthplace,*

merica

Name of Medical Attendant, or other Person who makes this Return.

who  
are  
J. Schipasser midwife  
330 Hancock St.

Address,

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *July 23 1891*
4. Place of Birth (Street and Number) *133 E. Enoch's street, between Light and Jones*
5. Full Name of Mother *Anna Watts*
6. Mother's Maiden Name *Anna Foster*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Benedict Franklin Foster*
9. Father's Occupation *3d Co. Stevedores*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife*
- Address *Wey Church*
- Remarks *Residence 22 South Court*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

July 22<sup>nd</sup> 1881

4. Place of Birth (Street and Number)

No 41 N. Gilman.

5. Full Name of Mother

Ella V Elliott.

6. Mother's Maiden Name

Ella V Layfield.

7. Mother's Birthplace

Maryland.

8. Full Name of Father

William H Elliott.

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. Ridgway Andros M.D.

Address

No 121 E. Pratt St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To, the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*5th*  
*F*  
*W*  
*July 22<sup>nd</sup> 1881*

*25 W<sup>c</sup> Culloch St.*

*Mary R. Hughes*  
*Severs*

*Backs*  
*Wm J. S. Hughes*

*Lawyer*

*Dr R. Winslow*

*201 W. Biddle St*

That any Physician, Accoucher, Midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 22*
4. Place of Birth, (Street and Number) *Clifton Baltimore*
5. Full Name of Mother, *May Cady*
6. Mother's Maiden Name, *Ma. Pasley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Dr. Lecky*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *G. W. Smith*  
or other Person who makes this Return.
- Address, *See Street, President*
- Remarks, .

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 22<sup>nd</sup>. 1881*
4. Place of Birth, (Street and Number) *No. 1846<sup>th</sup> Eder St.*
5. Full Name of Mother, *Anna Levy*
6. Mother's Maiden Name, *" Japcovitz*
7. Mother's Birthplace, *Russia.*
8. Full Name of Father, *Lazarus Levy*
9. Father's Occupation, *Saddler*
10. Father's Birthplace, *Russia.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein*

Address, *1130 Lombard St.*

Remarks,

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 22 July
4. Place of Birth, (Street and Number) 262 N. Jefferson St.
5. Full Name of Mother, Lini Lesch
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, Henri Lesch
9. Father's Occupation, Wurkman
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Para Carpenter
- Address, 72 E. Lombard
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 of July*
4. Place of Birth, (Street and Number) *354 Aliceaner St*
5. Full Name of Mother, *Siggie Lawrence*
6. Mother's Maiden Name, *Abenshine*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fredrick Lawrence*
9. Father's Occupation, *Expressman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. C. Patterson*
- Address, *2016 Patterson*
- Remarks, *Birth at*

# RETURN OF A BIRTH, 218907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex (state whether male or female) Female White
  2. Race or Color, (if not of the white race) White
  3. Date of Birth July 22 1881
  4. Place of Birth, (Street and Number) 224 Register St
  5. Full Name of Mother Mary Ellen Miller
  6. Mother's Maiden Name Mary Ellen Tracy
  7. Mother's Birthplace Baltimore County
  8. Full Name of Father Charles Miller
  9. Father's Occupation freelance
  10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return. Mary Connor
- Address 15-3 Collington Ave
- Remarks \_\_\_\_\_

If any physician, accoucheur, midwife, or other person in charge, who shall attend, within six days after the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, July 22, 1881
4. Place of Birth, (Street and Number) 68 S. Hollington Ave  
Lillie M. McLaughlin
5. Full Name of Mother, \_\_\_\_\_
6. Mother's Maiden Name, " " Easton
7. Mother's Birthplace, Wisconsin
8. Full Name of Father, Daniel McLaughlin  
Clerk
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, Baltimore City  
Charles H. Thomas M.D.  
50 E Baltimore St
- Name of Medical Attendant, or other Person who makes this Return \_\_\_\_\_
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 22 1891*
4. Place of Birth, (Street and Number) *Baltimore N. Y. Washington St. 15*
5. Full Name of Mother, *Esther Sophia Giddick*
6. Mother's Maiden Name, *Esther Giddick*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Henry Giddick*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *York Pa. York Penn*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. H. C. B. Smith*
- Address, *Chestnut St. 14*
- Remarks, *Big Boy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 22<sup>nd</sup> 1881
4. Place of Birth, (Street and Number) 150 Sharp St
5. Full Name of Mother May E. Farley
6. Mother's Maiden Name Pollard
7. Mother's Birthplace Va
8. Full Name of Father Richd G. Farley
9. Father's Occupation Salaman
10. Father's Birthplace M.C.
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Harrison & Barnum
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
1. Sex (state whether male or female) *White Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *July 22. 1881*  
4. Place of Birth (Street and Number) *503 E. Baltimore St.*  
5. Full Name of Mother *Mary Rose Wilson*  
6. Mother's Maiden Name *Mary Rose McElroy*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *George H. Wilson*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *J. W. Houchens*  
Address *75 E. Baltimore St.*  
Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(7th) Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 22 1881*
4. Place of Birth (Street and Number) *89. Woodysan St*
5. Full Name of Mother *Mary Eliza Holmes*
6. Mother's Maiden Name *Mary Eliza Tucker*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm Greenbury Holmes*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Carroll County Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. B. Gummus*
- Address *231 N. Fremont St*
- Remarks

Record of Births, Deaths, and Marriages of the City of Baltimore.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *22 July*
4. Place of Birth, (Street and Number) *7 Albemarle*
5. Full Name of Mother, *Dora Spilman*
6. Mother's Maiden Name, *Kar*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *John Spilman*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other person who makes this return *Mrs Dora Cooper*
- Address, *72 E. Lombard*
- Remarks, \_\_\_\_\_

to be filled out by the physician, secondarily by the mother, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 23/01  
4. Place of Birth, (Street and Number) #215 Canton Ave  
5. Full Name of Mother, Katie Wellischlager  
6. Mother's Maiden Name, Brenner  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Stephen Wellischlager  
9. Father's Occupation, Salvager  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other person who makes this Return Mrs. Lizzie Krapf  
Address, #236 Canton Ave  
Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 22<sup>nd</sup>. 1881*
4. Place of Birth, (Street and Number) *No. 1. Barnet St.*
5. Full Name of Mother, *Lizzie Crainer*
6. Mother's Maiden Name, *Lizzie Deth*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Michel Crainer*
9. Father's Occupation, *(Germany)*
10. Father's Birthplace, *Pigarmaker.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. J. Butt.*
- Address, *No. 185 L. E. cor. Central av. & Monument St.*
- Remarks, *All Well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

48916  
Name of Child: Robert Mead  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 22/81  
4. Place of Birth, (Street and Number) 57 S. Richter St.  
5. Full Name of Mother, Catherine Agnes Mead  
6. Mother's Maiden Name, Shields  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Walter Mead  
9. Father's Occupation, Carpenter  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other Person who makes this Return, W. H. Kessler  
Address, W. H. Kessler  
Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) English
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 22 1887
4. Place of Birth, (Street and Number) 726 E. Chase St
5. Full Name of Mother Mary Hoffman
6. Mother's Maiden Name Bruch
7. Mother's Birthplace Balt City
8. Full Name of Father John Hoffman
9. Father's Occupation Produce Dealer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. D. J. McElroy M.D.
- Address 474 N. Bay View
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

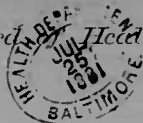
Remarks,

6th  
Male  
White  
July 23d  
56 Lomb St  
May, Mary  
" 5th  
Baltimore  
John Gray  
Painter  
Baltimore  
C. W. Myers M.D.  
Leon Sticker & J. Presbiter

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 23rd 1881*
4. Place of Birth, (Street and Number) *S. E. cor of Castle & Jefferson*
5. Full Name of Mother, *Ellie Rebecca Lowman*
6. Mother's Maiden Name, *Ellie Rebecca Hall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert Lowman*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Ann Haywood*
- Address, *396 Orleans St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

48920

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

185 Edmundson Ave

4. Place of Birth (Street and Number)

July 23 1881

5. Full Name of Mother

Mary D Hull

6. Mother's Maiden Name

Mary Dixon

7. Mother's Birthplace

B. C.

8. Full Name of Father

Thomas Burling Hull

9. Father's Occupation

Merchant

10. Father's Birthplace

W. J.

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Hill M.D.

Address

119 Edmundson Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 23rd, 1881*
4. Place of Birth, (Street and Number) *270 Front St.*
5. Full Name of Mother, *Mollie Taylor*
6. Mother's Maiden Name, *Mrs. Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Lamuel Taylor*
9. Father's Occupation, *Harness Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant; or other person who makes this return. *Dr. S. B. Austin*
- Address, *1136 Lombard St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) ...
  2. Race or Color, (if not of the white race) ..
  3. Date of Birth, .....
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name, ..
  7. Mother's Birthplace, .....
  8. Full Name of Father.
  9. Father's Occupation,
  10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, .....

Remarks, .....

Second  
Female  
White.

July 23<sup>d</sup> 1881.

1603 Burke St.

Mrs Mary Hanson

Miss Mary Hook.

Baltimore City.

Alson Henry Hanson.

Laborer

Baltimore City.

Mrs Rachel A. Garrett

No 65 Burke St.

# RETURN OF A BIRTH

118923

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23rd of July 1881*
4. Place of Birth, (Street and Number) *87 North Washington Street*
5. Full Name of Mother, *Wilhemina Mickelson*
6. Mother's Maiden Name, *Wilhemina Miesler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Miesler*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address, *11 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

I and any physician, accoucheur, midwife, or other person so charged, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118924

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of July, 1881.
4. Place of Birth, (Street and Number) 76 North Chapel Street.
5. Full Name of Mother, Maggie Kirtle.
6. Mother's Maiden Name, Maggie Jeff.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Jeff.
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Crescentia Kunkel

11 North Chapel Street per Justina Kunkel

Legat.

I am any physician, doctor, or other person in charge, my health officer, or any other person, who is required to report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



48925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 23, 1891

4. Place of Birth (Street and Number) 111 Miller St

5. Full Name of Mother Mrs. Sophia Hunter

6. Mother's Maiden Name Mrs. Sophia Wilkinson

7. Mother's Birthplace Balto Md

8. Full Name of Father N. B. R. Hunter

9. Father's Occupation Oyster Packer

10. Father's Birthplace Wrightville York Co. Pa

Name of Medical Attendant, or other Person who makes this Return. J. W. W. W.

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup> Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23 July
4. Place of Birth, (Street and Number) 124 Howard st
5. Full Name of Mother, Nancy Brown
6. Mother's Maiden Name, " Bealston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Shredrick Brown
9. Father's Occupation, Custom House
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who takes this Return Angelline Wilson
- Address, 194 Warner st
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *23 July*

4. Place of Birth, (Street and Number) *180. Hill st.*

5. Full Name of Mother, *Frances Jonson*

6. Mother's Maiden Name, *Frances Watters*

7. Mother's Birthplace, *Cambridge*

8. Full Name of Father, *Orry Jonson*

9. Father's Occupation, *Steador*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *Angellina Wilson*  
or other Person who makes this Return

Address, *124 Warner st.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

115928

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 23 July
4. Place of Birth, (Street and Number) 230 Wolfe Street
5. Full Name of Mother Elizabeth Uttrich
6. Mother's Maiden Name Müller
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Müller
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this return. Maria Güttner
- Address Wolfe Street 245.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> time. Birth*
1. Sex (state whether male or female) *Boi*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *23 Feb*
4. Place of Birth, (Street and Number) *Lombert street. No 49*
5. Full Name of Mother *Louise Gir*
6. Mother's Maiden Name *" " Wilhelm*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Albert Gir*
9. Father's Occupation *pendel*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dand street. No 173*
- Address
- Remarks *and Maurer.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

145930

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 23<sup>rd</sup> 1881*
4. Place of Birth (Street and Number) *Baltimore 27 Morse Alley*
5. Full Name of Mother *Mrs Allina Smith*
6. Mother's Maiden Name *Miss Allina Jackson*
7. Mother's Birthplace *Dynister County W. Va*
8. Full Name of Father *Mr Edward Smith*
9. Father's Occupation *Cook*
10. Father's Birthplace *Howard County*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Johnson*
- Address *22 Tyson Street*
- Remarks *Doing well*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 July 1881
4. Place of Birth, (Street and Number) Balta Bohemia Court No 8
5. Full Name of Mother, JF Moravosky
6. Mother's Maiden Name, A Moravos
7. Mother's Birthplace, Bohemia
8. Full Name of Father, J Moravos
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Mag. Kasper
- Address, 29 Washington St
- Remarks, Mag. Kasper

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23

4. Place of Birth, (Street and Number)

830 Calaceanna St

5. Full Name of Mother,

Catharine Smith

6. Mother's Maiden Name,

Parson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Marlin Tompkins

9. Father's Occupation,

Sales

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Wm. H. Hiley

Address,

1018 Pullman Park

Remarks,

I, the undersigned, being a physician, second-year, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *July 23/1881*
4. Place of Birth, (Street and Number) *No. 1366 E. Fayette St.*
5. Full Name of Mother, *Elizabeth F. Mc Cormack*
6. Mother's Maiden Name, *" Williams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles D. M. McCormack*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *New Jersey*
- Name of Medical Attendant, or other Person who makes this Return, *Mary A. O'Phoell*
- Address, *1366 E. Mc Cormack St.*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23<sup>rd</sup> day of July*

4. Place of Birth, (Street and Number) *56 William St Cor Bethel*

5. Full Name of Mother, *Barbara Ruppert*

6. Mother's Maiden Name, *Barbara Fisher*

7. Mother's Birthplace, *Bavarian Germany*

8. Full Name of Father, *Christian Ruppert*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Bavarian Germany*

Name of Medical Attendant, or other Person who makes this Return *Louisa M. B.*

Address, *No 26 N. Street, Md*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>.*
1. Sex, (state whether male or female)... *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23<sup>rd</sup> of July.*
4. Place of Birth, (Street and Number) *74 Oak St*
5. Full Name of Mother, *Elizabeth Ward.*
6. Mother's Maiden Name, *Green.*
7. Mother's Birthplace, *England.*
8. Full Name of Father, *Thomas Ward.*
9. Father's Occupation, *Shoemaker.*
10. Father's Birthplace, *Virginia.*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby.*
- Address, *369 Cathedral St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 23<sup>d</sup> 1881*
4. Place of Birth (Street and Number) *No 54 S. Wolf St*
5. Full Name of Mother *Lina Behrens*
6. Mother's Maiden Name *Rammsauer*
7. Mother's Birthplace *City*
8. Full Name of Father *Jacob Behrens*
9. Father's Occupation *Seegar maker*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Behrens*
- Address *120 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

July 23<sup>d</sup> 1881

4. Place of Birth (Street and Number)

249 N. Eden St.

5. Full Name of Mother

Lizzie  
Copper

6. Mother's Maiden Name

Balt

7. Mother's Birthplace

8. Full Name of Father

Gilbert C. Grap

9. Father's Occupation

Bacon Dealer

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

H. I. Reynolds

Address

156 Airquith St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Jewish*
3. Date of Birth, *23 of July*
4. Place of Birth, (Street and Number) *149 Low St*
5. Full Name of Mother, *Saidis Stern*
6. Mother's Maiden Name, *Koch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sam Stern*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

Remarks, .....

*Mrs Rose Morig*  
*149 Low St*  
*Baltimore*

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23<sup>rd</sup>

4. Place of Birth, (Street and Number)

126 Henrietta St

5. Full Name of Mother,

Louise Fregine Becker

6. Mother's Maiden Name,

Einich

7. Mother's Birthplace,

New York

8. Full Name of Father,

Conrad Becker

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Einich

Address,

1 Loring St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name; nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

male  
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23<sup>rd</sup> 1881  
36 Walker Street

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Terresa Eslinger  
Terresa Pfeifer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Kueningburg Prussia

8. Full Name of Father,

Guttip Frederick Eslinger

9. Father's Occupation,

Wink Boy Maker

10. Father's Birthplace,

Balto City

Name of Medical Attendant,

or other Person who makes this Return

Bartholomew Mump

Address,

1. Laidlaw Street

Remarks,



That any Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23, 1881
4. Place of Birth, (Street and Number) W. Trafts No. 62
5. Full Name of Mother, Mary Trenkman
6. Mother's Maiden Name, Potter
7. Mother's Birthplace, Elizabeth, Pennsylvania
8. Full Name of Father, Frederick Trenkman
9. Father's Occupation, Carriage Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Dr. Geo. H. Hays
- Address, 12 W. Trafts No. 14
- Remarks, See Surg.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1/2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 23, 1881*
4. Place of Birth, (Street and Number) *217 Druid Hill Avenue*
5. Full Name of Mother, *M. Teresa McCollgan*
6. Mother's Maiden Name, *Reeder*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James M. Colgan*
9. Father's Occupation, *Attorney*
10. Father's Birthplace, *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return *Marbury Browne M.D.*
- Address, *68 M<sup>c</sup> Culloch St.*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *23rd Decr*

4. Place of Birth (Street and Number) *18 So St*

5. Full Name of Mother *Martha Frances*

6. Mother's Maiden Name *Lacey*

7. Mother's Birthplace *City*

8. Full Name of Father *James Francis*

9. Father's Occupation *Laborer*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *J. C. Burns Jr*

Address *157 Hancock St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth July 23-1881  
 4. Place of Birth (Street and Number) 124 Myrtle Ave.  
 5. Full Name of Mother Susan A. Askey  
 6. Mother's Maiden Name " " Sindall  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wm. B. Askey  
 9. Father's Occupation Blue Finisher  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.  
 Address 215 N. Carrollton  
 Remarks born at home

# RETURN OF A BIRTH, 1891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth July 28<sup>th</sup> 1891

4. Place of Birth, (Street and Number) #240 Canal Street.

5. Full Name of Mother Bertha Greeninger

6. Mother's Maiden Name Bertha Rishinstin

7. Mother's Birthplace Balt.

8. Full Name of Father Joseph Greeninger

9. Father's Occupation Painter

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Leonard Feillegier

Address 142 East Monument Street.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of each child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

118947  
118948



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *12*
1. Sex (state whether Male or Female) *Twins Male & Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 23<sup>rd</sup> 1891*
4. Place of Birth (Street and Number) *272. Druid Hill Ave*
5. Full Name of Mother *May A. Hubner*
6. Mother's Maiden Name *Mary A. Harkness*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Hubner*
9. Father's Occupation *Builder*
10. Father's Birthplace *Barania - Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel Henry*
- Address *Druid Hill Ave, Extended*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48949

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7-24-1881*

4. Place of Birth, (Street and Number) *N. W. Lombard St. (Waterfront)*

5. Full Name of Mother, *Biritha Smith*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Chicago*

8. Full Name of Father, *William*

9. Father's Occupation, *L. L. Belling*

10. Father's Birthplace, *Resident Physician*

Name of Medical Attendant, or other Person who makes this Return *Belling M.D.*

Address, *Resident Physician*

Remarks, *Illegitimate*



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 89 Fairmount Ave

5. Full Name of Mother, Fredericka Daring

6. Mother's Maiden Name, Fredericka Daring

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Daring

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Leland

Address, 117 South Hope St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24<sup>th</sup> 1895*
4. Place of Birth, (Street and Number) *579 Parkham St.*
5. Full Name of Mother, *Mary Smith*
6. Mother's Maiden Name, *Mary Gossman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Smith*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *111 South 14th St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *M*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *July 24 - 1881 -*
4. Place of Birth (Street and Number) *352 Park Ave*
5. Full Name of Mother *Clara McKenny*
6. Mother's Maiden Name *Dwyer*
7. Mother's Birthplace *Norfolk Va*
8. Full Name of Father *C. D. McKenny*
9. Father's Occupation *Merchant*
10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Richard McKenny, M.D.*  
*189 N. Howard St.*

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24<sup>th</sup> July 1881*

4. Place of Birth, (Street and Number) *Balto Fayette Court No. 3*

5. Full Name of Mother, *Mary Stah*

6. Mother's Maiden Name, *Mary Bernard*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Johan Stah*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, *Mary Staphish*  
or other Person who makes the return

Address, *69 N. Washington St*

Remarks, *Mary Staphish*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar a record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child  
 1. Sex, (state whether male or female) July 24 Male  
 2. Race or Color, (if not of the white race) 91 Cambridge  
 3. Date of Birth, July 24  
 4. Place of Birth, (Street and Number) 91 Cambridge  
 5. Full Name of Mother, Mary White  
 6. Mother's Maiden Name, Deihaw  
 7. Mother's Birthplace, Germany  
 8. Full Name of Father, Robert Wiley  
 9. Father's Occupation, Sales  
 10. Father's Birthplace, Germany  
 Name of Medical Attendant, or other Person who makes this Return Max Wiley  
 Address, No 12 Atterton Park St  
 Remarks, Called in Doctor  
Ernst Erich

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) ..  
3. Date of Birth, *July 24 - 1881*  
4. Place of Birth, (Street and Number) *No. 439 N. Gay St*  
5. Full Name of Mother, *Fenrietta Bell*  
6. Mother's Maiden Name, *Fenrietta Reese*  
7. Mother's Birthplace, *Pa*  
8. Full Name of Father, *James Bell*  
9. Father's Occupation, *Book-keeper*  
10. Father's Birthplace, *New York*  
Name of Medical Attendant, or other Person who makes this Return *Mary C. Allwell*  
Address, *286 E. 11<sup>th</sup> Street*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 24
4. Place of Birth (Street and Number) 3 Waverly Ave
5. Full Name of Mother Maggie Sanders
6. Mother's Maiden Name " Farnsworth
7. Mother's Birthplace Ind
8. Full Name of Father Mat. Sanders
9. Father's Occupation Accountant
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. Dr. P. C. Ellis
- Address 301 3 Light St.
- Remarks \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 July 1881*
4. Place of Birth, (Street and Number) *161 Burgundy Alley*
5. Full Name of Mother, *Mary Dubois* *Dunbar*
6. Mother's Maiden Name, *Steinkamp*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John B. Emmert*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Knott*
- Address, *328 South Eager St.*
- Remarks, *Died of Lockjaw. July 31st 1881*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 24<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *53 Thames st*
5. Full Name of Mother *Ellen Butler*
6. Mother's Maiden Name *" Green*
7. Mother's Birthplace *City*
8. Full Name of Father *Patrick Butler*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 24<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *120 Bank St*
5. Full Name of Mother *Mary Backelman*
6. Mother's Maiden Name *Tornath*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Friedrich Backelman*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bely*
- Address *120 Bank St*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *66 Register*
3. Date of Birth, *24 July 1881*
4. Place of Birth, (Street and Number) *66 Register St.*
5. Full Name of Mother, *Elisabeth Hildebrandt*
6. Mother's Maiden Name, *Stein*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Sam Hildebrandt*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E Pratt St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *African American*
3. Date of Birth, *July 2d*
4. Place of Birth, (Street and Number) *1000 Heath*
5. Full Name of Mother, *Emma B. Jones*
6. Mother's Maiden Name, *John A. Jones*
7. Mother's Birthplace, *John A. Jones*
8. Full Name of Father, *John A. Jones*
9. Father's Occupation, *John A. Jones*
10. Father's Birthplace, *John A. Jones*
- Name of Medical Attendant, or other Person who makes this Return. *John A. Jones*
- Address, *John A. Jones*
- Remarks, *Sarah H. Jones*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) ..
2. Race or Color, (if not of the white race) ..
3. Date of Birth, ..
4. Place of Birth, (Street and Number) ..
5. Full Name of Mother, ..
6. Mother's Maiden Name, ..
7. Mother's Birthplace, ..
8. Full Name of Father, ..
9. Father's Occupation, ..
10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Male  
White  
July 24th  
No 13 1/2 W Chese St  
Anne Cockey  
Homes  
Baltimore  
Joseph Vocatur Cockey  
Miller  
Maryland

Wm Whitridge M.D.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 and 8 children
1. Sex (state whether Male or Female) females
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 24 1881
4. Place of Birth (Street and Number) Ep 18 Jordan City
5. Full Name of Mother Mary A Berry
6. Mother's Maiden Name Bright
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Berry
9. Father's Occupation Cochman
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Third  
male

24<sup>th</sup> of July  
1114 Fremont St.  
Lizzie Kath. Kuhn  
" " Lehigh  
Baltimore  
John W. Kuhn.  
Signer/attending  
Baltimore  
Mrs. Lindner  
45 Gloucester

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female):

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24, 1881

4. Place of Birth, (Street and Number)

41 Cambridge St

5. Full Name of Mother,

Mary White

6. Mother's Maiden Name,

Mary Pickhouse

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert White,

9. Father's Occupation,

Warner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

A. E. Erickson M.D.

Address,

91 N. Broadway.

Remarks,



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male + Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24/96*

4. Place of Birth, (Street and Number) *1129 S. Dallas St.*

5. Full Name of Mother, *Lizzie Keck*

6. Mother's Maiden Name, *Westermann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wolfgang Keck*

9. Father's Occupation, *Copper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Knap*

Address *4236 Canton Ave*

Remarks *Twins*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1  
1. Sex, (state whether male or female) ..... Male  
2. Race or Color, (if not of the white race) ..... White  
3. Date of Birth, ..... July 24, 1911  
4. Place of Birth, (Street and Number) ..... 1112 Thacker St.  
5. Full Name of Mother, ..... Jennie Corito  
..... Plepi  
6. Mother's Maiden Name, ..... Italy  
7. Mother's Birthplace, ..... Italy  
8. Full Name of Father, ..... Ludwig Corito  
9. Father's Occupation, ..... Laborer  
10. Father's Birthplace, ..... Italy  
Name of Medical Attendant, or other Person who makes this Return ..... Mrs Louise Karpf  
Address ..... #236 Canton St.  
Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 24 1887
4. Place of Birth, (Street and Number) 34 S. Stricker
5. Full Name of Mother Jessie B. Sotheron
6. Mother's Maiden Name Hawkins
7. Mother's Birthplace Charles Co. Md.
8. Full Name of Father Thos. J. Sotheron
9. Father's Occupation Carpenter
10. Father's Birthplace Annandale Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. W. H. H. H. H. H.
- Address 421 E. ...
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *July*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24*
4. Place of Birth, (Street and Number) *No. 3 Baltimore St.*
5. Full Name of Mother, *Mary Elizabeth Bristow*
6. Mother's Maiden Name, *Capman*
7. Mother's Birthplace, *State: Ohio*
8. Full Name of Father, *Columbus Bristow*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *North East Cecil County Md*
- Name of Medical Attendant, or other Person who makes this Return *Louisiana Ann Pickering*
- Address *No 5 1/2 Baker Court*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 24<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *74 Center St-*
5. Full Name of Mother *Hannah Bailey-*
6. Mother's Maiden Name *" Torpy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Bailey-*
9. Father's Occupation *Cook*
10. Father's Birthplace *Alsace Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. T. Torpy*
- Address *152 W. Baltimore St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25<sup>th</sup> July
4. Place of Birth, (Street and Number) 12 Central Avenue
5. Full Name of Mother, Lizzie Schneider
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schneider
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Luphie Simon
- Address
- Remarks

RECORDS OF THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>  
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

25<sup>th</sup> of July 1881

3. Date of Birth,

282 Beaufort Ave

4. Place of Birth, (Street and Number)

Margaret Hoffman

5. Full Name of Mother,

Margaret Azenhart

6. Mother's Maiden Name,

Callo-his

7. Mother's Birthplace,

Hugues Azenhart

8. Full Name of Father,

Sailor

9. Father's Occupation,

Germany

10. Father's Birthplace,

Mary Wells

Name of Medical Attendant, or other Person who makes this Return

123 1/2 Beaufort Ave

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge of a child, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar above said, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

118918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25 July 1891*
4. Place of Birth, (Street and Number) *Brill's Bank*
5. Full Name of Mother, .....
6. Mother's Maiden Name, *Mary Baines*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Harper*
9. Father's Occupation, *Salina*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address, *106 Children's Park Ave*
- Remarks, .....



# RETURN OF A BIRTH.

1897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.)

The child and Mother are  
a Boy

Sex (state whether Male or Female)

Race or Color (if not of the white race)

colored

Date of Birth

Monday the 25<sup>th</sup>

Place of Birth (Street and Number)

123 N Dales

Full Name of Mother

Juley LeBor

Mother's Maiden Name

Mother's Birthplace

Baltimore Md

Full Name of Father

Jophel LeBor

Father's Occupation

a laborer

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Anna Duncen

Address

123 N Dales

Remarks

The child and mother are in good health

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*First Child*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*July 25<sup>th</sup> 1881*

4. Place of Birth, (Street and Number)

*No. 15 George St.  
Dorina Elenora Foneiff*

5. Full Name of Mother,

*S. E. Foneiff*

6. Mother's Maiden Name,

*Baltimore Md.*

7. Mother's Birthplace,

8. Full Name of Father,

*Charles Jacob Foneiff*

9. Father's Occupation,

*Merchant*

10. Father's Birthplace,

*Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return

*Levantine Kniz Gubman*

Address,

*126 E. Smith St*

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .... 1st
1. Sex, (state whether male or female) .... Male
2. Race or Color, (if not of the white race) .... Colored
3. Date of Birth, .... July 25<sup>th</sup> 1881
4. Place of Birth, (Street and Number) .... 46 Chestnut St
5. Full Name of Mother, .. Bonnie Catman
6. Mother's Maiden Name, .. Princess Burn M A
7. Mother's Birthplace, ..
8. Full Name of Father, ..
9. Father's Occupation, ..
10. Father's Birthplace, ..
- Name of Medical Attendant, or other Person who makes this Return. .. Harriet Jackson
- Address, .. # 5. Forest St
- Remarks, ..

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *father*
3. Date of Birth, *July 26. 25. 1881*
4. Place of Birth, (Street and Number) *Eastern. 70. 100.*
5. Full Name of Mother, *Mary Pepp*
6. Mother's Maiden Name, *Mary Humphreys*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Leopold Pepp*
9. Father's Occupation, *father*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *1. 8. 10. 1. 2. 26.*

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 25<sup>th</sup> 1881

4. Place of Birth (Street and Number)

452 Monument St.

5. Full Name of Mother

Maggie Zabel

6. Mother's Maiden Name

Schwarz

7. Mother's Birthplace

City

8. Full Name of Father

Chas. Zabel

9. Father's Occupation

Iron moulder

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Elizabeth Bots

Address

120 Bank St.

Remarks

# RETURN OF A BIRTH

48981

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 - 1891
4. Place of Birth, (Street and Number) Marion St. Baltimore
5. Full Name of Mother, L. Williams
6. Mother's Maiden Name, McClary
7. Mother's Birthplace, England
8. Full Name of Father, Dr. J. B. Williams
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. J. B. Williams
- Address 1215 E. Lombard
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*  
1. Sex (state whether Male or Female) *male*  
2. Race or Color (if not of the white race)  
3. Date of Birth *25 July 1881*  
4. Place of Birth (Street and Number) *711 Rice*  
5. Full Name of Mother *Mary Hawthins*  
6. Mother's Maiden Name *Mary parson*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Edw Hawthins*  
9. Father's Occupation *laborer*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this return *Mary S. Grange*  
Address *67 Myrtle Street*  
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *28<sup>th</sup> of July*
4. Place of Birth, (Street and Number) *No 123 S. Bond St*
5. Full Name of Mother *Anna Dotten*
6. Mother's Maiden Name *" Book*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Joseph Dotten*
9. Father's Occupation *Car maker*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Gutzke*
- Address *No 55 S. Bond St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25 of July 1895*
4. Place of Birth, (Street and Number) *5 Alhambra*
5. Full Name of Mother, *Annette Beier*
6. Mother's Maiden Name, *Bamgarten*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Ogfrid Beier*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

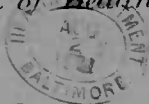
Remarks,

*Madame Ulling  
48 Holladay St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth (8)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

206 E. Chase St.

5. Full Name of Mother,

Margaret Caldwell

6. Mother's Maiden Name,

" Ryan

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Caldwell

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other "person who makes this Return."

Regina A. Winder

Address,

186 Maryland Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5<sup>th</sup>.

Female.

White.

July 25<sup>th</sup> 1881.

67 George St.

Emma S. Rossinger.

Emma S. Barnard.

Baltimore City

James Henry Rossinger.

Merchant

Baltimore City

John S. Cunningham, M.D.

134 St. Lawrence Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4898.7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 5th child  
 1. Sex, (state whether male or female) ..... male  
 2. Race or Color, (if not of the white race) ..... colored  
 3. Date of Birth, ..... July 25th  
 4. Place of Birth, (Street and Number) ..... no 84 Wilemally  
 5. Full Name of Mother, ..... mary morcell  
 6. Mother's Maiden Name, ..... mary dollney  
 7. Mother's Birthplace, ..... virginia  
 8. Full Name of Father, ..... robert morcell  
 9. Father's Occupation, ..... labourer  
 10. Father's Birthplace, ..... colbert county md  
 Name of Medical Attendant, or other Person who makes this Return. ..... Mrs Lydia Porter  
 Address, ..... no 4 patteeo avenue  
 Remarks, ..... healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their *particular* condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 25<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 37 William street.
5. Full Name of Mother Sopha Halden
6. Mother's Maiden Name Sopha Halden
7. Mother's Birthplace Germany
8. Full Name of Father William Halden
9. Father's Occupation Isaac
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Hallquist
- Address 182 E Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 25<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *Claytons Row No. 6*
5. Full Name of Mother *Eliza ~~Robert~~ Johnson*
6. Mother's Maiden Name *Eliza Parfitt*
7. Mother's Birthplace *Northumberland Co. Va*
8. Full Name of Father *Thomas Johnson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *N<sup>o</sup> 3 Cumberland, Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Martha Moore, Midwife*
- Address *No 3 Claytons Row*
- Remarks *the baby is very sick and very small  
I hope you will excuse the delay of this  
as I have been in distress*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

148990

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,.....

July 25, 1881.

4. Place of Birth, (Street and Number)

319 N. Central Ave.

5. Full Name of Mother,

Rosa Stein

6. Mother's Maiden Name,

Ironmann

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father,

John Stein

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

George H. Rowe, M.D.

Address, ..

40 N. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 418991

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th
4. Place of Birth, (Street and Number) #136 S. Bond St.
5. Full Name of Mother, Marie Telling
6. Mother's Maiden Name, Mayer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Telling
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Spaff
- Address #236 Canton Ave.
- Remarks, Twins





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *girl*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *25th July*  
 4. Place of Birth (Street and Number) *48 East St Baltimore*  
 5. Full Name of Mother *Adeline Barnes*  
 6. Mother's Maiden Name *Adeline Barnes*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Charles Albapp*  
 9. Father's Occupation *carter*  
 10. Father's Birthplace *Harford County*  
 Name of Medical Attendant, or other Person who makes this Return. *John Ruff*  
 Address *120 Chestnut*  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25<sup>th</sup> July 1881*
4. Place of Birth (Street and Number) *119 N. Durham Street*
5. Full Name of Mother *Lora Lindt*
6. Mother's Maiden Name *Bashean*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Fredrick Lindt*
9. Father's Occupation *Teamster*
10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Marice E. J. 11/14*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female). *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 23<sup>rd</sup> 1881*
4. Place of Birth, (Street and Number) *97 Harrison st.*
5. Full Name of Mother, *Caroline Silverman*
6. Mother's Maiden Name, *Nuckner*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Jos. Silverman*
9. Father's Occupation, *Embracer*
10. Father's Birthplace, *Poland*

Name of Medical Attendant, *Mrs. E. Bernstein*  
or other Person who makes this Return.

Address, *1106 Lombard st.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *2 Males*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 25th*
4. Place of Birth (Street and Number) *8 Randall St*
5. Full Name of Mother *Katie Coleman*
6. Mother's Maiden Name *Henniger*
7. Mother's Birthplace *City*
8. Full Name of Father *John Coleman*
9. Father's Occupation *Glassblower*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *John Bunch M.D.*
- Address *15 N. Hancock St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 25<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *242 Mulberry St*

5. Full Name of Mother, *Lizzie Bickly Dieter*

6. Mother's Maiden Name, *Lizzie Bickly*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John. A. Dieter*

9. Father's Occupation, *Upholsterer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Turnbly*

Address, *No. 60 Schroeder St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48997

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 7-26-1881
4. Place of Birth, (Street and Number) Maternity, 161 W. Lombard St
5. Full Name of Mother, Mary Joice
6. Mother's Maiden Name, "Ireland"
7. Mother's Birthplace, Ireland
8. Full Name of Father, William
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this return L. L. Boring, M.D.
- Address, Resident Physician
- Remarks, Legitimate

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

48998

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *26. July*
4. Place of Birth, (Street and Number) *184. Preston st*
5. Full Name of Mother, *Elizabeth Adderson.*
6. Mother's Maiden Name, *See*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Adderson*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Angelina Wilson.*
- Address, *194 Warner st*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race). *Colored.*
3. Date of Birth, *26th Day of July 1881.*
4. Place of Birth, (Street and Number) *Mc Eldenia. St.*
5. Full Name of Mother, *Elizabeth Mary Mercer.*
6. Mother's Maiden Name, *Elizabeth Mary Jones.*
7. Mother's Birthplace, *Anna Rundal County.*
8. Full Name of Father, *William Henry Mercer.*
9. Father's Occupation, *Stevadore.*
10. Father's Birthplace, *Chester County.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Ann Haywood*
- Address, *386 E. Orleans St*
- Remarks, *City.*



Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 119000

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 26<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 445 E. Fayette St. Baltimore Md
5. Full Name of Mother Ellen L. Leecompte
6. Mother's Maiden Name Ellen L. ~~Leecompte~~ Goose
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Thomas Leecompte
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return. Smanda Harner
- Address 378 E. Monument Street
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent; and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) ..... *White*
3. Date of Birth, *26 July 1881*
4. Place of Birth, (Street and Number) ..... *Balta. Washington st No 467*
5. Full Name of Mother, ..... *Mary Santal*
6. Mother's Maiden Name, ..... *M. Adams*
7. Mother's Birthplace, ..... *Bohemia*
8. Full Name of Father, ..... *Frank Santal*
9. Father's Occupation, ..... *Laborer*
10. Father's Birthplace, ..... *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return ..... *Wm. J. Cooper*
- Address, ..... *69 Washington st*
- Remarks, .....

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

July 28 1881



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28 1881
4. Place of Birth, (Street and Number) 116 Eastern Ave.
5. Full Name of Mother, Bertha Schlenker
6. Mother's Maiden Name, Bertha Schlenker
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Schlenker
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. J. Schlenker

Address,

116 Eastern Ave.

Remarks,

correct record of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. July 14 1883



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 26 1883.
4. Place of Birth, (Street and Number) 102 Chest St.
5. Full Name of Mother, Annie Schaepler.
6. Mother's Maiden Name, Annie Philipp.
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Schaepler.
9. Father's Occupation, Worker.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether ~~male~~ or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, *July 26th 1881*.....
4. Place of Birth, (Street and Number) *35 Brune St*.....
5. Full Name of Mother, *Julia Weller*.....
6. Mother's Maiden Name, *Julia Blondell*.....
7. Mother's Birthplace, *Baltimore*.....
8. Full Name of Father, *Andrew Weller*.....
9. Father's Occupation, *Merchant*.....
10. Father's Birthplace, *Baltimore*.....
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Giffert*
- Address, *216 N. Howard St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

GIVEN NAME ADDED 12-22-54

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: George Murray Seal

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 26<sup>th</sup> 1881

4. Place of Birth (Street and Number) No 433 N. Carrollton Ave.

5. Full Name of Mother Mrs. Maria Elizabeth Seal

6. Mother's Maiden Name Wendall

7. Mother's Birthplace Yorktown - Va.

8. Full Name of Father George Boardman Seal

9. Father's Occupation Druggish

10. Father's Birthplace Norfolk - Va.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. Murray, M.D.  
308 W. Fayette St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 26th 81

4. Place of Birth, (Street and Number)

378 S. Charles St

5. Full Name of Mother,

Mary E. Elyer  
Carl

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Michael Elyer

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife  
330 Hanover St

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *I the 6*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *the 26th of July*
4. Place of Birth, (Street and Number) *No 199 Front St*
5. Full Name of Mother *Emily Boxer*
6. Mother's Maiden Name *Emily Smith*
7. Mother's Birthplace *Pottsville, Penn.*
8. Full Name of Father *William Smith*
9. Father's Occupation *Laborer*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who attended this Return. *Mrs. Christina Lauer*
- Address *177 Sharper, ave. 1881*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 1*  
 1. Sex, (state whether male or female) *Female 1st*  
 2. Race or Color, (if not of the white race) *Caucasian*  
 3. Date of Birth, *26th July 12 past 10 am*  
 4. Place of Birth, (Street and Number) *No 122 Bethel St betw Bank & Light*  
 5. Full Name of Mother, *Eliza Ann, Folks*  
 6. Mother's Maiden Name, *Eliza Ann Munroe*  
 7. Mother's Birthplace, *Baltimore City*  
 8. Full Name of Father, *Charles Folks Jr*  
 9. Father's Occupation, *Labourer*  
 10. Father's Birthplace, *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return, *Luran Morgan*  
 Address, *No 47 North Duke St*  
 Remarks, *No remarks*

"That any physician, ecconobour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 - 1881

4. Place of Birth, (Street and Number)

346 Lawrence St

5. Full Name of Mother,

Ellen Hausenwald

6. Mother's Maiden Name,

Ellen Stewart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. H. Hausenwald

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Hausenwald

Address,

121 W. Baltimore St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

49010  
fifth  
male  
white  
July 26<sup>th</sup> 1881  
152 Conway St.  
Lezzie Wieland  
Airk  
Havre de Grace Md.  
August Wieland  
Foreman  
Germany  
Geo. H. Smith  
313 S. Charles St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*
- Sex, (state whether male or female) *Female*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *26 of July 1881*
  - Place of Birth, (Street and Number) *56 Dallas St.*
  - Full Name of Mother, *Carrie Schaul*
  - Mother's Maiden Name, *Carrie*
  - Mother's Birthplace, *Baltimore*
  - Full Name of Father, *Henry Schaul*
  - Father's Occupation, *Carpenter*
  - Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs. Bess Ulbig  
18 Hollands  
St.*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

*Address,*

Remarks,

(cc.)  
 1st 2nd and  
 3rd white face  
 with the 20 degree  
 with the 20 degree  
 Lizzie Agnew  
 Lizzie Agnew  
 Agnew  
 George I. Agnew  
 call cutter  
 Baltimore

Bartholomew Mung  
1. Landerup, 1844

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

19013

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 26<sup>th</sup> 1891*
4. Place of Birth, (Street and Number) *402 Canton ave.*
5. Full Name of Mother, *Lizzie West*
6. Mother's Maiden Name, *Lizzie Gatz*
7. Mother's Birthplace, *Balta America*
8. Full Name of Father, *Ernest West*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore America*
- Name of Medical Attendant, *Mrs Mary E. Simms*  
or other Person who makes this Return.
- Address, *171 S. Washington*
- Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49014

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 July
4. Place of Birth, (Street and Number) 56 Clark St
5. Full Name of Mother, Anna Ledger
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Adolf Ledger
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Leeper
- Address, 72 Cambridge
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *26 of July*
4. Place of Birth (Street and Number) *59 Orchard Street*
5. Full Name of Mother *Olivia Celestial Butler*
6. Mother's Maiden Name *Olivia B. Brent*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *Wm H. Butler*
9. Father's Occupation *waiter*
10. Father's Birthplace *Baltimore City, Md.*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Second  
 1. Sex, (state whether male or female) ..... Male  
 2. Race or Color, (if not of the white race) ..... White  
 3. Date of Birth, ..... June 10th 1891  
 4. Place of Birth, (Street and Number) ..... 1011 1/2 E. Broadway  
 5. Full Name of Mother, ..... Catherine Kelly  
 6. Mother's Maiden Name, ..... Buchanan  
 7. Mother's Birthplace, ..... Baltimore, Md.  
 8. Full Name of Father, ..... Henry Kelly  
 9. Father's Occupation, ..... Painter  
 10. Father's Birthplace, ..... Baltimore, Md.  
 Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. C. Miller  
 Address, ..... 1011 1/2 E. Broadway  
 Remarks, .....

These regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26. 1881
4. Place of Birth, (Street and Number) 117 Townsend Street
5. Full Name of Mother, Margaret Lynn
6. Mother's Maiden Name, Annard ~~Lynn~~ Margaret Farrell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James J. Lynn
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. City
- Name of Medical Attendant, Martiny Brown M.D.  
or other Person who make this Return
- Address, 68 McCall St.
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 26th 1881*
4. Place of Birth, (Street and Number) *Thompson st.*
5. Full Name of Mother, *Mary Blessing*
6. Mother's Maiden Name, *Peters*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Daniel Blessing*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs G Bernstein*
- Address, *1136 Lombard st.*
- Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *26th of July 1881*
4. Place of Birth (Street and Number) *Pharm Alley No 7*
5. Full Name of Mother *Maria Williams*
6. Mother's Maiden Name *Maria Hunt*
7. Mother's Birthplace *Birmingham Calhoun county*
8. Full Name of Father *John Williams*
9. Father's Occupation *Cow man*
10. Father's Birthplace *West Va*
- Name of Medical Attendant, or other Person who makes this return  
Address *Anella Smith*
- Remarks *8 1/2 lb. Maria still before born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

25th & Chase July 26th 1891

4. Place of Birth (Street and Number)

194 Bethel st

5. Full Name of Mother

Elizabeth Scott

6. Mother's Maiden Name

Cross

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Richard F Cross

9. Father's Occupation

Shuckler

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingsley

Address

256 E John st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 26 5 12 A.M. 1881*
4. Place of Birth (Street and Number) *351 E. Fayette St.*
5. Full Name of Mother *Peggy Ann Smith*
6. Mother's Maiden Name *M. A. Heimer*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Smith*
9. Father's Occupation *Carriage Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *George E. D. M. M. M.*
- Address *710 Baltimore Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

male  
white

2. Race or Color (if not of the white race)

3. Date of Birth

June 27 / 81

4. Place of Birth (Street and Number)

114 S. Fayette St  
Mother J. Hanson

5. Full Name of Mother

6. Mother's Maiden Name

" " Suggars

7. Mother's Birthplace

Wm. H. Hanson

8. Full Name of Father

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Ind -  
Thomas Opie M.D.  
39 N. Carey St

Name of Medical Attendant, or other Person who makes this Return.

Address

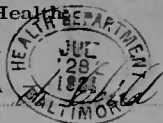
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twins 4 and 5  
both male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27<sup>th</sup> 81  
No 111 Hanover St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louise Leibold

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

America

8. Full Name of Father,

John Leibold  
Shoemaker

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife  
330 Hanover St.

Address,

Remarks, One of these Twins died in cause of Measles age one Hanover.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 27th 1881

4. Place of Birth (Street and Number)

King are - Extended

5. Full Name of Mother

Louise S. Fitzpatrick

6. Mother's Maiden Name

Sarah Shipley

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Nicholas Fitzpatrick

9. Father's Occupation

Public Weigher

10. Father's Birthplace

B.C.

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Hill

Address

119 Edmondson ave

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *27 July 1881*
4. Place of Birth, (Street and Number) *255 Bank Street*
5. Full Name of Mother, *Mrs Annie Elizabeth Lane*
6. Mother's Maiden Name, *Annie Elizabeth Roman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Lane*
9. Father's Occupation, *waterman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *or other Person who makes this return* *Mrs Wiley*
- Address, *No 18 Patterson Park As*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22d July*
4. Place of Birth, (Street and Number) *386 Eastern Ave.*
5. Full Name of Mother, *Martha Fugh*
6. Mother's Maiden Name, *" Wiley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Stall Fugh*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this return *Mrs. Wiley*
- Address, *No 16 Patterson Park. Md.*
- Remarks, .....

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 28, 1881*
4. Place of Birth, (Street and Number) *Register St. No. 59*
5. Full Name of Mother, *Luciana McPaul*
6. Mother's Maiden Name, *Jessie Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John McPaul*
9. Father's Occupation, *Captain*
10. Father's Birthplace, *Bracklin Island, N. Y. Brit. Empire*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address *115 S. Calver St. B. C.*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 27<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *126 S. Register St.*
5. Full Name of Mother *Eliza Rosenberg*
6. Mother's Maiden Name *Belgner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Rosenberg*
9. Father's Occupation *Copper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Bely*
- Address *126 Bank St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*  
 1. Sex, (state whether male or female) *Mädchen*  
 2. Race or Color, (if not of the white race) *Weiß*  
 3. Date of Birth, *geboren den 27. Juli*  
 4. Place of Birth, (Street and Number) *N. 188. Carlin Str*  
 5. Full Name of Mother, *Elise Tauff*  
 6. Mother's Maiden Name, *Elise Paulstip*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Wm. Tauff*  
 9. Father's Occupation, *Händler*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Hausmann*  
 Address, *N. 197. S. Dallas Str*  
 Remarks, *Heimlich*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

49030

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 27th 1881*
4. Place of Birth, (Street and Number) *No 292. Broadway & Barnet St.*
5. Full Name of Mother, *Mary Schneller*
6. Mother's Maiden Name, *Mary Prittner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Chas. Schneller*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. R. R.*
- Address, *No 185 N. Central av. & Monument St.*
- Remarks, *All Well.*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *July 31 - 1881*  
4. Place of Birth, (Street and Number) *No. 334 Orleans St.*  
5. Full Name of Mother, *Annie E. Halton*  
6. Mother's Maiden Name, *Collison*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Charles Halton*  
9. Father's Occupation, *Salesman*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other person who makes this Return *Chas. A. Church*  
Address, *180 N. Maryland St.*  
Remarks, \_\_\_\_\_



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

49032

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27 1881

4. Place of Birth, (Street and Number)

No 77 1/2 Broadway

5. Full Name of Mother,

Charles B. Boyle

6. Mother's Maiden Name,

" " Giffey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John T. Boyle

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Willard

Address, 226 N. Donagh St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

119033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *African*
3. Date of Birth, *July 27th 1881*
4. Place of Birth, (Street and Number) *334 Vine Street*
5. Full Name of Mother, *Mary Catherine Webster*
6. Mother's Maiden Name, *Mary E. Robinson*
7. Mother's Birthplace, *A. A. County*
8. Full Name of Father, *Alfred Webster*
9. Father's Occupation, *Wagon carrier*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return, *Doctor H. Goodman*
- Address, *645 W. Lombard St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 27 / 81*
4. Place of Birth (Street and Number) *2317 W Fayette*
5. Full Name of Mother *Mellie A Johnson*
6. Mother's Maiden Name *Hemington*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *G. H. Johnson*
9. Father's Occupation *Book-binder*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*
- Address *39 N. Carey St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27<sup>th</sup>

4. Place of Birth, (Street and Number)

No 191 Forrest St

5. Full Name of Mother,

Lena Harrigan  
Lena Taylor  
Baltimore

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

John Harrigan  
Carpenter

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs J Oliver

Address,

214 N Eden St Baltimore Md

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 27<sup>th</sup> 1911*

4. Place of Birth, (Street and Number) *87 Greenmount Ave*

5. Full Name of Mother, *Christina Cullen*

6. Mother's Maiden Name, *Montgomery*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Charles Cullen*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Silas W. Hunter M.D.*  
or other Person who makes this Return

Address, *87 Greenmount Ave*

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1881
4. Place of Birth, (Street and Number) Baltimore Duncan St. No. 54
5. Full Name of Mother, Rena Shumanek
6. Mother's Maiden Name, R. Kalal
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Shumanek
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return May Hospital
- Address, 67 Washington St
- Remarks, May Hospital

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1881

4. Place of Birth, (Street and Number) Balter Thomas st No 145

5. Full Name of Mother, Rosa Kulich

6. Mother's Maiden Name, Rosa Kulich

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Kulich

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopsit

Address, 29 Washington st

Remarks, Mary Kopsit

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28th 1881*
4. Place of Birth (Street and Number) *No 700 Baranoga St.*
5. Full Name of Mother *Mrs. Annie Knowles*
6. Mother's Maiden Name *Wilson*
7. Mother's Birthplace *Co. Antrim - Ireland*
8. Full Name of Father *Thomas Knowles*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Manchester - England*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Murray M.D.*
- Address *2308 W. Fayette St.*
- Remarks



"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th Child  
Female



July 28th 81  
248 West st  
Sarah Murray  
Skinner

America  
Edward Murray  
Laborer

America  
J. Schwabert midwife  
330 Hanover st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

*Lena Christina Schmuck*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*6<sup>th</sup>*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*July 28<sup>th</sup> 1881*

4. Place of Birth (Street and Number)

*No 75 Register st*

5. Full Name of Mother

*Catharina Schmuck*

6. Mother's Maiden Name

*Hahn*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Johan Schmuck*

9. Father's Occupation

*Tailor*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Elizabeth Behr*  
*120 Bank st*

Address

Remarks

*OTHER NAME 13601 3-27-53*

*L.M.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)....
- Race or Color, (if not of the white race)
- Date of Birth,...
- Place of Birth, (Street and Number)
- Full Name of Mother,
- Mother's Maiden Name,
- Mother's Birthplace,
- Full Name of Father,
- Father's Occupation,
- Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this return.

Address, .....

Remarks, .....

1190413  
Six  
Male  
White  
July 28th -  
20 Argyle Ave  
Anna Jane  
Lyer  
Baltimore  
Wesley L. Linn  
Iron Worker  
Baltimore

W. Whinnage M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *28 of July*
4. Place of Birth, (Street and Number) *2 Ledhall*
5. Full Name of Mother, *annie pratt*
6. Mother's Maiden Name, *annie pratt*
7. Mother's Birthplace, *colvert country*
8. Full Name of Father, *annie pratt*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *colvert country*
- Name of Medical Attendant, or other Person who makes this Return. *William G. Ross*
- Address, *181 York Street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49044

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> 2<sup>nd</sup> in c*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 28 July*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 205 Wolff Str*
5. Full Name of Mother, *Marg<sup>r</sup> Falkenstein*
6. Mother's Maiden Name, *Marg<sup>r</sup> Kloppenberg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nicholm Falkenstein*
9. Father's Occupation, *Blaichschmidt*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, *Friederike Kaufmann*  
or other Person who makes this Return.
- Address, *N<sup>o</sup> 197 S. Dallas Str*
- Remarks, *Heim*

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
Sex (state whether male or female) female  
Race or Color, (if not of the white race) white race  
Date of Birth only the 25th  
Place of Birth, (Street and Number) Baltimore William St No 942  
Full Name of Mother Alis Elzerhart  
Mother's Maiden Name Alis Wells  
Mother's Birthplace Baltimore  
Full Name of Father Henry Elzerhart  
Father's Occupation laborer  
Father's Birthplace part with Al  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kathan  
Address William St No 942  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

119046

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *The 2d of July*
4. Place of Birth (Street and Number) *Baltimore No. 12 W. 1st St.*
5. Full Name of Mother *Emma Jane Freeman*
6. Mother's Maiden Name *Emma Jane Freeman*
7. Mother's Birthplace *Born in Maryland*
8. Full Name of Father *Augustus Freeman*
9. Father's Occupation *Occupation a doctor*
10. Father's Birthplace *Born Colborn County, Eastern Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Emma J. Freeman*
- Address *12 W. 1st St.*
- Remarks

"That an; physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 28<sup>th</sup>*
4. Place of Birth, (Street and Number) *#158 S Register*
5. Full Name of Mother, *Katie Stump*
6. Mother's Maiden Name, *Medinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Stump*
9. Father's Occupation, *Ice driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Haef*
- Address *#236 Canton St*
- Remarks





"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49048

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth July 28<sup>th</sup> 1894  
 4. Place of Birth, (Street and Number) #63 Bank St.  
 5. Full Name of Mother, Emilie Stenger  
 6. Mother's Maiden Name, Rails  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, George Stenger  
 9. Father's Occupation, Seaman  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who make this return Mr. Louise Kraft  
 Address #236 Canton St.  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 28<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Hope Street Alley*
5. Full Name of Mother, *Ella Wright*
6. Mother's Maiden Name, *Ellis Murdoch*
7. Mother's Birthplace, *Fredrick City, Md*
8. Full Name of Father, *George Wright*
9. Father's Occupation, *bricklayer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cook M.D.*
- Address *146 Cannon St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 2, 1881*

4. Place of Birth, (Street and Number) *179 Pennell*

5. Full Name of Mother, *Isabella Wiper*

6. Mother's Maiden Name, *Isabella Hurst*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Mary P. Wiper*

9. Father's Occupation, *ailor*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Frederick Corbett*

Address *1101 E. 1st St.*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 28<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Parkin St No 12
5. Full Name of Mother Mary Scott
6. Mother's Maiden Name Milkinson
7. Mother's Birthplace Baltimore
8. Full Name of Father James Scott
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Miss E. Mitchell
- Address No 38 Parkin
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 28<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Parish St. No. 43

5. Full Name of Mother Louisa Rotnick

6. Mother's Maiden Name Purden

7. Mother's Birthplace Baltimore

8. Full Name of Father George Rotnick

9. Father's Occupation Candy-maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address St. 11 3-8 Parish St.

Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *July 28th 1881*
4. Place of Birth, (Street and Number) *97 Mulberry Street*
5. Full Name of Mother *Mary Hesham Machen*
6. Mother's Maiden Name *Mary Jones Hesham*
7. Mother's Birthplace *Savannah Georgia*
8. Full Name of Father *Arthur Machen Machen*
9. Father's Occupation *Attorney at Law*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. P. C. Wilson, Jr.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: John Phelan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth July 20th

4. Place of Birth (Street and Number) 184 Division St.

5. Full Name of Mother Mary Phelan

6. Mother's Maiden Name " Lang

7. Mother's Birthplace Balt.

8. Full Name of Father John M. Phelan

9. Father's Occupation Stenographer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return.

Giles Baldwin M.D.

Address

152 Townsend St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Birth

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 28 July

4. Place of Birth, (Street and Number) Flanton Avenue No 440

5. Full Name of Mother Gunigunde Mueller

6. Mother's Maiden Name J. J. Adman

7. Mother's Birthplace Kirchheim Baiern

8. Full Name of Father Henri Mueller

9. Father's Occupation Schuhmacher

10. Father's Birthplace Milbrun Baiern

Name of Medical Attendant, or other Person who makes this return. Paul Street No 43

Address Ms Maurer

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
July 28<sup>th</sup> 1881  
26 Forest Place  
Adella Hooper  
Adella Ring  
Baltimore Md  
Frank X. Hooper  
Machinist  
Baltimore Md  
Silas N Hunter M.D.  
26 Greenmount Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5.

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

a German Democrat

3. Date of Birth,

the 28. July at 12.8 at night

4. Place of Birth, (Street and Number)

137 Columbia St. cor of Fremont

5. Full Name of Mother,

Maria Lamp.

6. Mother's Maiden Name,

Ernst

7. Mother's Birthplace,

Sachsen Germania

8. Full Name of Father,

Paul Romannius Lamp

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Bavaria Germania

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dwyer

Address,

No 60 Schroeder St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

119058

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ther 4th
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) W
3. Date of Birth July 28 1891
4. Place of Birth, (Street and Number) 179 Harrison St
5. Full Name of Mother Therence E. Williams
6. Mother's Maiden Name Mary Lee
7. Mother's Birthplace Maryland
8. Full Name of Father Lee
9. Father's Occupation Farmer
10. Father's Birthplace W. Va
- Name of Medical Attendant, or other Person who makes this Return. W. H. Pittman M.D.
- Address 211 North Ave.
- Remarks \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29 1881*
4. Place of Birth, (Street and Number) *4182 Eastern Plaza*
5. Full Name of Mother, *Henry Johnson*
6. Mother's Maiden Name, *May Hughes*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Harold Johnson*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. Thompson*
- Address *1121 R. Howard St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7-29-1881*
4. Place of Birth, (Street and Number) *141 W. Lombard St. (Maternity)*
5. Full Name of Mother, *Michael Mears*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Accomac Co. Va.*
8. Full Name of Father, *William*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other Person who makes this return *L. L. Bittling M. D.*
- Address *Resident Physician*
- Remarks *Septuaginta*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119061

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 of July

4. Place of Birth, (Street and Number)

92 Somerset St

5. Full Name of Mother,

Clara Brokmier

6. Mother's Maiden Name,

Peters

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joe Brokmier

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Rose Ulbrich  
48 H Island St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

149062

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 29th 1881*  
 4. Place of Birth (Street and Number) *323 N. Shicker*  
 5. Full Name of Mother *Grace*  
 6. Mother's Maiden Name *Grace McKay*  
 7. Mother's Birthplace *Balt. Md*  
 8. Full Name of Father *Jo. A. Meyers*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Balt. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Ho. S. Lattimer M.D.*  
 Address *187 W. Biddle St*  
 Remarks *Natural labor, no anesthetics.*



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29<sup>th</sup> 1887

4. Place of Birth, (Street and Number)

508 Penna. St.

5. Full Name of Mother,

Mrs. Geo. Friedenberg

6. Mother's Maiden Name,

Mary Long

7. Mother's Birthplace,

City

8. Full Name of Father,

George Friedenberg

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this return

H. Ricketts, M.D.

Address,

520 Penna. St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49064

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female).... *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27th of July 1881.*
4. Place of Birth, (Street and Number) *215 Green Street.*
5. Full Name of Mother, *Kora Kleistin.*
6. Mother's Maiden Name, *Kora Kohn.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Kohn.*
9. Father's Occupation, *Bakery.*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address, *11 North Chapel Street per Christina Kunkel*
- Remarks, *Deluged*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>.

1. Sex, (state whether male or female)..

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Room over opp Tremont St.

5. Full Name of Mother,

Mary E. Fainer,

6. Mother's Maiden Name,

Mary E. Fells,

7. Mother's Birthplace,

Baltimore City,

8. Full Name of Father,

John Fainer,

9. Father's Occupation,

Plumber,

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

John P. Cunningham M.D.

Address, ..

134 N. Carrollton Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49066

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1<sup>st</sup>)
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 29<sup>th</sup>, 1881
4. Place of Birth, (Street and Number) No. 148 Orleans St.
5. Full Name of Mother Mrs. Elizabeth A. Sapp
6. Mother's Maiden Name Mrs. Elizabeth A. Carback
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Daniel O. Sapp
9. Father's Occupation Produce Dealer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Glendinning M.D.
- Address No. 102 North Broadway
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 29, 1881.  
4. Place of Birth, (Street and Number) 168. W. Washington St.  
5. Full Name of Mother, Gertrude Frankenberg.  
6. Mother's Maiden Name, Jones  
7. Mother's Birthplace, Baltimore.  
8. Full Name of Father, J. G. Frankenberg.  
9. Father's Occupation, Telegrapher.  
10. Father's Birthplace, Baltimore.  
Name of Medical Attendant, or other Person who makes this Return, George H. Roke, M.D.,  
Address, 94 E. Broadway  
Remarks, W

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex: (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 29<sup>th</sup>
4. Place of Birth (Street and Number) 145 Greenmount Ave.
5. Full Name of Mother Mary Lizzie Vick
6. Mother's Maiden Name Mary Lizzie Vick
7. Mother's Birthplace Baltimore
8. Full Name of Father William Preston Vick
9. Father's Occupation Worship
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who make this Return. Sarah Wooden
- Address 120 Greenmount Ave
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29<sup>th</sup> '81

4. Place of Birth (Street and Number)

212 Lee St.

5. Full Name of Mother

Emma V. Birkhead Sheldon

6. Mother's Maiden Name

Emma V. Birkhead

7. Mother's Birthplace

Bald. Md.

8. Full Name of Father

Jas. C. Sheldon

9. Father's Occupation

Labour

10. Father's Birthplace

Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Elin Smith M.D.

Address

221 Barnum St.

Remarks

City

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49070

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 29<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Baltimore Bartlett St No. 94

5. Full Name of Mother

Sarah Howard

6. Mother's Maiden Name

Barnes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Howard

9. Father's Occupation

Barber

10. Father's Birthplace

Frederick

Name of Medical Attendant, or other Person who makes this return.

Mrs. C. Mitchell

Address

No. 58 Parkers St

Remarks

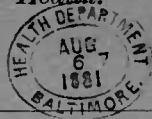


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Pratt St 11<sup>2</sup> 542
5. Full Name of Mother Ellen M<sup>rs</sup> Kessner
6. Mother's Maiden Name " Ryan
7. Mother's Birthplace Baltimore
8. Full Name of Father Nicholas M<sup>r</sup> Benon
9. Father's Occupation Brick-layer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell
- Address N<sup>o</sup>. 38 Park St.
- Remarks

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*July 29 - 1881*

4. Place of Birth, (Street and Number)

*10229 St. John St.  
Mary B. Herford  
Mary A. Mc Donald  
Maryland*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

*Oliver D. Herford*

9. Father's Occupation,

*Shipbuilder*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return

*Mary A. Mc Donald*

Address,

*286 Mc Donald St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *July 29 - 1881*

4. Place of Birth, (Street and Number) *No. 463 E. Eager St*

5. Full Name of Mother, *Eliza M. Green*

6. Mother's Maiden Name, *" " Jones*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George A. Green*

9. Father's Occupation, *Steam Pipe Fitter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Chas. A. Alwell*

Address, *266 E. Dora St*

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 29<sup>th</sup> (1881)*

4. Place of Birth, (Street and Number) *108 st Peter st*

5. Full Name of Mother, *Jida Shamburg*

6. Mother's Maiden Name, *Jida Silversine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Shamburg*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Benity*

Address, *90 st Peter st*

Remarks, *Child living*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) N<sup>o</sup> 77 Elizabeth Lane
5. Full Name of Mother S. Goldley
6. Mother's Maiden Name S. Gregory
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Goldley
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Katharine Garner
- Address N<sup>o</sup> 18 Baynd St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)..

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29<sup>th</sup> July 1881

4. Place of Birth, (Street and Number)

P. O. Columbia Ave. & Scott St.

5. Full Name of Mother,

Emma Virginia Becker

6. Mother's Maiden Name,

Harig

7. Mother's Birthplace,

Louisville Ky.

8. Full Name of Father,

Charles Becker

9. Father's Occupation,

House Painter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sommerfeld.

Address,

St. Charles St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>. Birth*
1. Sex (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *Went*
3. Date of Birth *29 July*
4. Place of Birth, (Street and Number) *Cassell Street No 33*
5. Full Name of Mother *Mari Heglein*
6. Mother's Maiden Name *" " Beckmeier*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henri Heglein*
9. Father's Occupation *Shifter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Banks Street No 143*
- Address *Miss Maurer*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st Child  
 1. Sex, (state whether male or female)..... Girl  
 2. Race or Color, (if not of the white race)..... White  
 3. Date of Birth,..... July 29<sup>th</sup>  
 4. Place of Birth, (Street and Number)..... 33 Durham St.  
 5. Full Name of Mother,..... Jenny May  
 6. Mother's Maiden Name,..... Jenny Keller  
 7. Mother's Birthplace,..... Baltimore America  
 8. Full Name of Father,..... John May  
 9. Father's Occupation,..... Laborer  
 10. Father's Birthplace,..... Baltimore America  
 Name of Medical Attendant, or other Person who makes this Return,..... Mary C. Simms  
 Address,..... 171 South Washington St.  
 Remarks,.....



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49079

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th  
Male

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29 / 81

4. Place of Birth, (Street and Number)

265 N. Front St.  
Catharine McAdams

5. Full Name of Mother,

11 Ly Sims

6. Mother's Maiden Name,

Bulth.

7. Mother's Birthplace,

James McAdams

8. Full Name of Father,

Labor

9. Father's Occupation,....

Balk.

10. Father's Birthplace,

Edmund McAdams

Name of Medical Attendant, or other Person who makes this Return.

169 N. Calvert St.

Address,.....

Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 34
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 29<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) # 14 Sterling St.
5. Full Name of Mother Kate Whaley
6. Mother's Maiden Name Kate Wagner
7. Mother's Birthplace Baltimore
8. Full Name of Father John Fountain Whaley
9. Father's Occupation Plumber & Gas Fitter
10. Father's Birthplace Richmond Va.
- Name of Medical Attendant, or other Person who makes this Return. Henry Kilgus
- Address 122 O'Connell Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49081

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Mulatto,*
3. Date of Birth *July 1881*
4. Place of Birth (Street and Number) *No. 113 Gasper St.*
5. Full Name of Mother *Emma Prigg*
6. Mother's Maiden Name *Emma Pratt*
7. Mother's Birthplace *Essex Co. Virginia*
8. Full Name of Father *Joseph Prigg*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Harford Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner*
- Address *120-N. Greene St.*
- Remarks *This child lived but six hours,*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, ecouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49052

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7-30-1881

4. Place of Birth, (Street and Number) 112 N. Lombard - (Maternity Hospital)

5. Full Name of Mother, Delia Welch

6. Mother's Maiden Name, "

7. Mother's Birthplace, Ireland

8. Full Name of Father, William

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this return L. D. Bitting, M.D.

Address Physician

Remarks Illegitimate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 30. 1881*

4. Place of Birth (Street and Number) *98 German St*

5. Full Name of Mother *Louisa Borchertding*

6. Mother's Maiden Name *Louisa Osing*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George W. Borchertding*

9. Father's Occupation *Saloon Keeper*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *B. H. Hermann*

Address *175 N. Carey St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 10th 1891*
4. Place of Birth, (Street and Number) *1126 S. Chesler St.*
5. Full Name of Mother *Maggie Lee*
6. Mother's Maiden Name *Maggie Crawford*
7. Mother's Birthplace *Canada*
8. Full Name of Father *Geo. D. Lee*
9. Father's Occupation *Miller*
10. Father's Birthplace *Canada*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. [Signature]*
- Address *1126 S. Chesler St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth July 30<sup>th</sup>
4. Place of Birth, (Street and Number) 285 North Bond St
5. Full Name of Mother Agnes Crooks
6. Mother's Maiden Name " Laurissius
7. Mother's Birthplace Balt.
8. Full Name of Father Frederick Crooks
9. Father's Occupation Professor of Music
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. Crooks
- Address no 5-5 S. Bond St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advertise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 30 1881*
4. Place of Birth, (Street and Number) *272 McDowell St*
5. Full Name of Mother, *Mary Banks*
6. Mother's Maiden Name, *Mary Cinkhet*
7. Mother's Birthplace, *Eastern Shore Md*
8. Full Name of Father, *William Banks*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Eastern Shore Md*
- Name of Medical Attendant, or other Person who makes this return, *Lucinda Woolford*
- Address, *130 Register St*
- Remarks, *JP*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 30 - 1881

4. Place of Birth, (Street and Number)

11 Tully St.

5. Full Name of Mother,

Maria Paul

6. Mother's Maiden Name,

Wenzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Peter Paul

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E Pratt St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 31<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *1276 Caroline St.*
5. Full Name of Mother, *Anna Farrell*
6. Mother's Maiden Name, *Annie Hemming*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Patrick H. Farrell*
9. Father's Occupation, *Policeman*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Mrs. Eliza Hemming*  
or other Person who make this Return.
- Address, *931 Allen St*
- Remarks, *(City)*

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or  
 at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2nd  
 Female  
 White  
 July 30th  
 No. 1 Greenmount Ave.  
 Helen Rider-  
 Wilson  
 Baltimore  
 Agnes Rider  
 Feed Dealer.

Wm. Whithage M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49090

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 16 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *The 30 of July, year 1881*
4. Place of Birth, (Street and Number) *No 2. 1/2 alley*
5. Full Name of Mother, *Lizzy Freeman*
6. Mother's Maiden Name, *Lizzy Miller*
7. Mother's Birthplace, *Colbert - Common*
8. Full Name of Father, *Rich Miller*
9. Father's Occupation, *Common*
10. Father's Birthplace, *Harbor*
- Name of Medical Attendant, or other Person who makes this Return. *Wiley Cross*
- Address, *181 York Street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 30<sup>th</sup> 1881
4. Place of Birth, (Street and Number) #201 North Bond Street
5. Full Name of Mother Mary Kilchenstein
6. Mother's Maiden Name Mary Hoffmann
7. Mother's Birthplace Balto
8. Full Name of Father Heinrich Kilchenstein
9. Father's Occupation Cigar maker
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return Wm. H. Kilgus
- Address 1926 Hanover Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 7. 30. 81
4. Place of Birth (Street and Number) 24 W. Lomb Pine & Mulberry Sts
5. Full Name of Mother Rial
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father Frank Rial
9. Father's Occupation Editor
10. Father's Birthplace Balls
- Name of Medical Attendant, or other Person who makes this Return. Wm. Eastman
- Address 349 Lever
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 30 1881
4. Place of Birth, (Street and Number) 6 Clements St no number
5. Full Name of Mother Louisa Wroten
6. Mother's Maiden Name Rush
7. Mother's Birthplace Baltimore
8. Full Name of Father William Wroten
9. Father's Occupation Baltimore
10. Father's Birthplace Laborer
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Chasch
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Born*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *geboren den 30 ten Juli*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 35 Lancaster Str.*
5. Full Name of Mother, *Morgane Schanzinsky*
6. Mother's Maiden Name, *Morgane Markowsky*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Valentin Schanzinsky*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address, *N<sup>o</sup> 197 E. Dolloes Str.*
- Remarks, *Heimlich*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119195

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 July 1891

4. Place of Birth, (Street and Number) 1207 West St

5. Full Name of Mother, Catt Mcull

6. Mother's Maiden Name, Catt Moassan

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Henry Mcull

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Joseph L. Greenhalgh

Address, 1207 West St

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *30 July 1881*

4. Place of Birth, (Street and Number) *No 107 W. 1st St.*

5. Full Name of Mother, *Genevieve Riess*

6. Mother's Maiden Name, *Genevieve Begunick*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Riess*

9. Father's Occupation, *Librarian*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return *Joseph Washburn*

Address, *107 W. 1st St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth July 30/81.  
 4. Place of Birth, (Street and Number) 490 Franklin St.  
 5. Full Name of Mother Josephine Dorsey Cassell  
 6. Mother's Maiden Name Anderson  
 7. Mother's Birthplace Balto. City, Md.  
 8. Full Name of Father Jacob Henry Cassell  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Balto. City, Md.  
 Name of Medical Attendant, or other Person who makes this Return. Louis H. Knight M.D.  
 Address 112 N. Greene  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *320 Leuvalle St*
5. Full Name of Mother *Lucy J. Moodycar*
6. Mother's Maiden Name *Deaglo*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Moodycar*
9. Father's Occupation *Sea Captain*
10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*M. S. Warner*  
*Shooker & Townsend Jr*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second grand child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 30th*
4. Place of Birth (Street and Number) *Brown Alley No 11*
5. Full Name of Mother *Emily Lynch*
6. Mother's Maiden Name *Emily Thompson*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Perry Lynch*
9. Father's Occupation *laborer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Johnson*
- Address *27 Union Street*
- Remarks

*in good health*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30th 1881*
4. Place of Birth (Street and Number) *Balto City No 4 Walker St.*
5. Full Name of Mother *Kate Lindenburger*
6. Mother's Maiden Name *Kate Miller*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *Henry Lindenburger*
9. Father's Occupation *Labr*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Miller Midwife*
- Address *No 5 Walker St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- 119102*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *3rd July 1881*
4. Place of Birth (Street and Number) *371 West Street*
5. Full Name of Mother *Bella Gardner Dunham*
6. Mother's Maiden Name *Bella Gardner*
7. Mother's Birthplace *West Virginia*
8. Full Name of Father *Robert Dunham*
9. Father's Occupation *laborer*
10. Father's Birthplace *Lancaster*
- Name of Medical Attendant, or other Person who makes this return
- Address *1601 North Avenue*
- Remarks *2711 North Street, 1st and 2nd floors*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49103

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30th of July 1891
4. Place of Birth (Street and Number) 211 Waverly Street
5. Full Name of Mother Emma Williams
6. Mother's Maiden Name Emma Williams
7. Mother's Birthplace West Virginia
8. Full Name of Father John Williams
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return
- Address A. Willis B. Smith
- Remarks 211 Waverly Street between Cross and Chestnut St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

59104

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth at 43 Marshall Ave
4. Place of Birth, (Street and Number) Indy Pa 1881
5. Full Name of Mother Mary T Katzenberger
6. Mother's Maiden Name Mary S Spiegel
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank H. Katzenberger
9. Father's Occupation Wood Turner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Harner
- Address at 18 Byrd st
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child.*
1. Sex, (state whether male or female)..... *male*
2. Race or Color, (if not of the white race)..... *No 7 Vincent st Colored*
3. Date of Birth,..... *3rd July*
4. Place of Birth, (Street and Number)..... *No 7 Vincent Street Baltimore*
5. Full Name of Mother,..... *Mary A. Jones*
6. Mother's Maiden Name,..... *Mary A. Jones*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *Alfred G. Jones*
9. Father's Occupation,..... *glazier*
10. Father's Birthplace,..... *West River*
- Name of Medical Attendant, or other Person who makes this Return. *No. 6 Catherine Jones*
- Address,..... *No 6 Harris St Baltimore*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Given Name added 1-19-49

# RETURN OF A BIRTH

49106

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

ANNIE ELIZABETH

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30th 1887

4. Place of Birth, (Street and Number)

170 Scott St  
State Md

5. Full Name of Mother,

(Dikes) DEIGERD

6. Mother's Maiden Name,

Balto Co MD

7. Mother's Birthplace,

Ing E. May  
Cabinet Maker

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. D. Blake M.  
16 S. of Poca St

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *July 31 1881*
4. Place of Birth (Street and Number) *Baltimore to New Bond st*
5. Full Name of Mother *Margaret Smith Hurdle*
6. Mother's Maiden Name *Margaret Shultz*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Thomas Hurdle*
9. Father's Occupation *Builder Stone*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Julia Green*
- Address *Gay St 466*
- Remarks *Hard labor sent for Dr Seluden*

*Note being in his office Child was  
claimed by the mother of the undersigned*

That any person, acting as midwife, or of or person in charge, who shall inform, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *July 31<sup>st</sup> 1881*
4. Place of Birth, (Street and Number)..... *29 Stiles St.*
5. Full Name of Mother,..... *Annie Kelly*
6. Mother's Maiden Name,..... *Annie Gannon*
7. Mother's Birthplace,..... *Baltimore City.*
8. Full Name of Father,..... *James Kelly*
9. Father's Occupation,..... *Fireman*
10. Father's Birthplace,..... *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return..... *Mrs. Eliza Hemminger*
- Address,..... *95 E. Howard St.*
- Remarks,.....

(*Eliza*)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *31 of July*
4. Place of Birth, (Street and Number) *29 Eden St*
5. Full Name of Mother, *Maggie Greez*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Adam Greez*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs Rose Ulling*  
*48 Holland*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) *1st*

1. Sex (*state whether male or female*) *"*

2. Race or Color (*if not of the white race*)

3. Date of Birth *Aug 31 1881.*

4. Place of Birth (Street and Number) *23. E. E. St.*

5. Full Name of Mother *Margaret Baynes.*

6. Mother's Maiden Name *Margaret McLean.*

7. Mother's Birthplace *Iowa, U.S.A.*

8. Full Name of Father *Michael Baynes.*

9. Father's Occupation *Carpenter.*

10. Father's Birthplace *Ireland.*

Name of Medical Attendant, *John L. A. Howard, M.D.*  
or other Person who makes this Return.

Address *"*

Remarks



# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *July 24, 1881*
4. Place of Birth (Street and Number) *28 Oxford St*
5. Full Name of Mother *Agnes Ann Truett*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace
8. Full Name of Father *Wm. H. Truett*
9. Father's Occupation *Writer*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *J. E. Atkinson M.D.*
- Address *223 Madison Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

491122

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 31<sup>st</sup> 1881
4. Place of Birth (Street and Number) 10125 North Durham St
5. Full Name of Mother Elizabeth Johnson
6. Mother's Maiden Name Miss Montgomery
7. Mother's Birthplace Baltimore City
8. Full Name of Father John H Johnson
9. Father's Occupation Brick Moulder
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return Bernice Gleason
- Address 1000 E. 1st St - Epsom
- Remarks

Last any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race).....
3. Date of Birth, .....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, .....

Name of Medical Attendant, or other person who makes this Return.

Address, .....

Remarks,

1st  
Male  
White  
July 31, 1888  
120 West St  
Mary E. Crowley  
Mary E. Jones  
Baltimore, Md  
Frederick C. Emley  
Engineer  
Baltimore, Md  
Theodore C. Cook, M.D.  
140 S. Swan St

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *21 July*
4. Place of Birth, (Street and Number) *185 E. Pratt*
5. Full Name of Mother, *Mina Kronister*
6. Mother's Maiden Name, *Schabman*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *John Kronister*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who make this Return *Mrs Para Casper*
- Address, *72 E Lombard*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend a child or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 31

4. Place of Birth (Street and Number) 175 E. Moser St.

5. Full Name of Mother Annie Maria Lynch

6. Mother's Maiden Name O'Donnell

7. Mother's Birthplace Ireland

8. Full Name of Father Daniel Lynch

9. Father's Occupation Stone Finisher

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden

Address 120 Greenmount Av

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 of 6 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *31 of July 1889*
4. Place of Birth, (Street and Number) *N. 104 East Ave.*
5. Full Name of Mother, *Jessy B. Bepko*
6. Mother's Maiden Name, *Jessy Kunk*
7. Mother's Birthplace, *England*
8. Full Name of Father, *James Bepko*
9. Father's Occupation, *Sealer*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Julia C. Bepko*
- Address, *N. 104 East Ave.*
- Remarks,

This may be furnished, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 31st 1881*

4. Place of Birth, (Street and Number) *No 133 E. Biddle St.*

5. Full Name of Mother, *Rosie Plaines*

6. Mother's Maiden Name, *Rosie Beck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Chas. Plaines*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. W. H. Burt*

Address, *No 185 S. E. cor Central av. & Monument St.*

Remarks, *All Well.*



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were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accouchour midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July. 31<sup>st</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Parkin St No. 61
5. Full Name of Mother Emma Flick
6. Mother's Maiden Name Gallen
7. Mother's Birthplace Baltimore
8. Full Name of Father John. Flick
9. Father's Occupation Leatherer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs. C. McNeill
- Address N 7, 58 Parkin St
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31 July 1881
4. Place of Birth (Street and Number) 40 3 Eling St
5. Full Name of Mother Kate Johnson
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father David Johnson
9. Father's Occupation Cropper, Smith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. McK Warner
- Address Snicker & Co. owners
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49120

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31st 81

4. Place of Birth, (Street and Number)

1966 S. Poca St.

5. Full Name of Mother,

Elizabeth Eichenbrodt

6. Mother's Maiden Name,

Keun

7. Mother's Birthplace,

America

8. Full Name of Father,

John Eichenbrodt

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 31st*
4. Place of Birth (Street and Number) *354 E Chesapeake*
5. Full Name of Mother *Mary Stockton*
6. Mother's Maiden Name *McEvoy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James L. Stockton*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *M. B. Billingsley*
- Address *256 E John st*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 3<sup>d</sup> July
4. Place of Birth, (Street and Number) Lumbert Street No 339
5. Full Name of Mother Babara Gung
6. Mother's Maiden Name " " Muller
7. Mother's Birthplace Baltimore
8. Full Name of Father Jakob Gung
9. Father's Occupation Shrimmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Bank Street No 143
- Address \_\_\_\_\_
- Remarks Miss Muller

as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Birth*
1. Sex (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *31 Feb.*
4. Place of Birth, (Street and Number) *Bank Street No 180*
5. Full Name of Mother *Maria Engel*
6. Mother's Maiden Name *" " Levinisch*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Georg Engel*
9. Father's Occupation *Eisenegger*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Bank Street*
- Address
- Remarks *M43 M exc 22*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race)... *White*

3. Date of Birth, ... *July 27 - 1896*

4. Place of Birth, (Street and Number) ... *Baltimore 65 George st*

5. Full Name of Mother, ... *Virginia Ann Michael Remoser*

6. Mother's Maiden Name, ... *Virginia Ann Michael Matthews*

7. Mother's Birthplace, ... *Union Victoria House Baltimore*

8. Full Name of Father, ... *August Albert Remoser*

9. Father's Occupation, ... *Blacksmith*

10. Father's Birthplace, ... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return ... *Mrs. Dymond*

Address, ... *65 George st*

Remarks, ... *Full*





first, the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th,

1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and City) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Remarks September 20 Baltimore to wellcom day  
Subs. mries north hom for general  
geol. mries 2000 1900

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the

- No. of Child of Mother, .....
1. Sex, (state whether male or female), .....
  2. Race or Color, (if colored, state color), .....
  3. Date of Birth, .....
  4. Place of Birth, (Street, City, State), .....
  5. Full Name of Mother, .....
  6. Mother's Maiden Name, .....
  7. Mother's Birthplace, .....
  8. Full Name of Father, .....
  9. Father's Occupation, .....
  10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return. .....

Address, .....

Remarks, .....

Hurrah  
115 Franklin St

# RETURN OF BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return

Address

Remarks

The City of Baltimore, adding the date of birth, sex, race or color, and the maiden name of the mother of such child or children.

*Martin Lewis*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



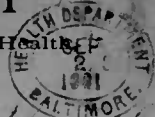
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... girl
2. Race or Color, (if not of the white race) ..... Brown skin
3. Date of Birth, ..... 19 June
4. Place of Birth, (Street and Number) ..... 57 Penn alley
5. Full Name of Mother, ..... Mary Ann Drall Tantis
6. Mother's Maiden Name, ..... Mary Ann West
7. Mother's Birthplace, ..... Goshen, Shaver, Virginia
8. Full Name of Father, ..... Alfred Tantis
9. Father's Occupation, ..... Sanitizer
10. Father's Birthplace, ..... Norfolk
- Name of Medical Attendant, or other Person who makes this Return ..... J. H. Brown
- Address, ..... 412 Sharon Lane, Baltimore
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

11912  
Eighth child  
Spunk  
August 1st

Full Street 1013  
Mathurine Kimball.  
Mathurine Martin  
Baltimore  
John H. Kimball.  
Delaware  
Baltimore  
Mrs. Kimball.  
1 Lane Infirmary

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *French*
3. Date of Birth, *August 1 1881*
4. Place of Birth, (Street and Number) *281 Madison Ave Ext*
5. Full Name of Mother, *Madeleine De Gaudy Glen*
6. Mother's Maiden Name, *Hawley*
7. Mother's Birthplace, *France*
8. Full Name of Father, *Julius De Glen*
9. Father's Occupation, *Sea Captain*
10. Father's Birthplace, *Paris*
- Name of Medical Attendant, or other Person who makes this Return. *Doctors Drinelly and Arnold*
- Address, *Baltimore and Broadway*
- Remarks, *Baltimore*

That any Physician, apothecary, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

August 1 1887

4. Place of Birth, (Street and Number)

84 Millernan St

5. Full Name of Mother,

Luisso Steffy

6. Mother's Maiden Name,

Andersder County

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucyder Woolford

Address,

130 N Register St

Remarks,

N Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49131

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1888

4. Place of Birth, (Street and Number)

178 Banner St

5. Full Name of Mother,

Valeria Dean

6. Mother's Maiden Name,

Valeria Brownell

7. Mother's Birthplace,

Dorchester Co. Md

8. Full Name of Father,

Frederick Dean

9. Father's Occupation,

Frederick

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook M.D.

Address

146 Banner St

Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1st 1881*

4. Place of Birth, (Street and Number) *62 Camden St*

5. Full Name of Mother, *Mary B. Tell*

6. Mother's Maiden Name, *Mary B. Selzberger*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Norman Tell*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return *Theodore Coste M.D.*

Address *146 Hanover St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49133

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st mail*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *C. Ballard*
3. Date of Birth, *August 1. 1881*
4. Place of Birth, (Street and Number) *Jefferson St. 17*
5. Full Name of Mother, *Alvina Francis*
6. Mother's Maiden Name, *Alvina Gail*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Ben. Francis*
9. Father's Occupation, *Water*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return, *Harriet Jackson*
- Address, *25. Forest St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2cd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 1st 1881*
4. Place of Birth, (Street and Number) *No 8. Miller St.*
5. Full Name of Mother, *Maggie Seidensahl*
6. Mother's Maiden Name, *Maggie Frank*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Seidensahl*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt.*
- Address, *No 125 E. E. Central av. & Monument St.*
- Remarks, *All well*

U. S. G. P. OFFICE OF VITAL STATISTICS, BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *male*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth, *August 1st. 1881*
  4. Place of Birth, (Street and Number) *7 Baltimore St.*
  5. Full Name of Mother, *Emma Baldwin*
  6. Mother's Maiden Name, *Arnd*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *Edward Baldwin*
  9. Father's Occupation,
  10. Father's Birthplace, *Baldwin*

Name of Medical Attendant, *Mrs. C. Bernstein*  
or other Person who makes this Return.

Address, *706 Lombard st.*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *170 S. Hallas St. Aug. 1<sup>st</sup>*
4. Place of Birth, (Street and Number) *Baltimore 170 S. Hallas St.*
5. Full Name of Mother, *Clara Rolls*
6. Mother's Maiden Name, *Clara Ginson*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Henry Rolls*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Leciah Walker*
- Address, *No. 15 Duncan Alley*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *August 1 - 1881*
4. Place of Birth, (Street and Number) *No. 104 S. Caroline St.*
5. Full Name of Mother, *Clara C. Sweeting*
6. Mother's Maiden Name, *" " Hallinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. H. Sweeting*
9. Father's Occupation, *Fish Dealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Harry W. McNeill*
- Address, *280 E. McClellan St.*
- Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 24, 1881

4. Place of Birth (Street and Number) 63 Barclay St

5. Full Name of Mother Mary Keener

6. Mother's Maiden Name Margaret

7. Mother's Birthplace Ireland

8. Full Name of Father Paul Keener

9. Father's Occupation Driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Scuff d. S.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1: 1881
4. Place of Birth, (Street and Number) 126 Botten
5. Full Name of Mother, Mary Glasgow Harlan
6. Mother's Maiden Name, " " Archer
7. Mother's Birthplace, Harford Co
8. Full Name of Father, George S. Harlan
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. B. Williams  
or other Person who makes this return
- Address, 201 Mad. Ave
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

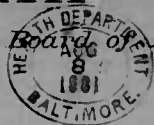


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *83 Mo Aug 1: 1881*
4. Place of Birth, (Street and Number) *83 The Calhoun St*
5. Full Name of Mother, *Ella White*
6. Mother's Maiden Name, *Horton*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *John White*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. C. Williams*
- Address, *201 Madison Ave*
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, **Board of Health,**  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 14
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... August 7, 1881
4. Place of Birth, (Street and Number) ..... No 106 St. Paul St Baltimore Md
5. Full Name of Mother, ..... Emma Morris
6. Mother's Maiden Name, ..... Emma O'Neil
7. Mother's Birthplace, ..... Baltimore Ind
8. Full Name of Father, ..... Leath Morris
9. Father's Occupation, ..... Cutter
10. Father's Birthplace, ..... Norfolk Virginia
- Name of Medical Attendant, or other Person who makes this Return, ..... Mary C. Bosty
- Address, ..... Child Living
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *August 1<sup>st</sup> 81*
4. Place of Birth, (Street and Number) *270 Lee St.*
5. Full Name of Mother, *Mary Goeller*
6. Mother's Maiden Name, *" Struckfus.*
7. Mother's Birthplace, *Balt., City-*
8. Full Name of Father, *Francis V. Goeller.*
9. Father's Occupation, *Bricklayer.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, (or other Person who makes this return) *R. J. N. Tall, M.D.*
- Address, *152, S. Sharp St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

seven child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

first of august

4. Place of Birth (Street and Number)

506 Myrtle street

5. Full Name of Mother

Jennie Anderson

6. Mother's Maiden Name

Jennie Hill

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

William Anderson

9. Father's Occupation

Ship Carpenter

10. Father's Birthplace

Waynesburg

Name of Medical Attendant, or other Person who makes this return

Mary L. Emery

Address

57 Myrtle street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and, the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 1*

4. Place of Birth (Street and Number) *Corner of Biddle and W. 75*

5. Full Name of Mother *Annie E. Steak*

6. Mother's Maiden Name *Annie E. Steak*

7. Mother's Birthplace *Louisiana*

8. Full Name of Father *blacksmith*

9. Father's Occupation

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. L. A. C. Overton*

Address *Address 390 N. Washington St.*

Remarks *Remarks hereby.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *1 August*
4. Place of Birth, (Street and Number) *23 Fough*
5. Full Name of Mother, *Blara Inhof*
6. Mother's Maiden Name, *Ecklinzer*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Robert Inhof*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sara Casper*
- Address, *72 E Lombard*
- Remarks, .....



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August

4. Place of Birth, (Street and Number)

92 St. Eusebio

5. Full Name of Mother,

Kat. O'Leary

6. Mother's Maiden Name,

Pening

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Ben. O'Leary

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this return

Mrs. Sara Carper

Address,

72 E. Lombard

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 1st 1881*
4. Place of Birth, (Street and Number) *Harvey St. No. 104*
5. Full Name of Mother, *Elizabeth Grant*
6. Mother's Maiden Name, *Elizabeth Johnson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Grant*
9. Father's Occupation, *St. mch*
10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, or other Person who makes this return *Dr. Johnson*
- Address, *412 N. 1st St*
- Remarks,



and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10

4. Place of Birth, (Street and Number) 422 E. Lombard St.

5. Full Name of Mother, Chas. Schuman

6. Mother's Maiden Name, Rezac

7. Mother's Birthplace, Chas. Schuman

8. Full Name of Father, Robert Rezac

9. Father's Occupation, Trailer

10. Father's Birthplace, Chas. Schuman

Name of Medical Attendant, or other Person who makes this Return William H. H. H.

Address, 120 E. Lombard

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup> Child

1. Sex, (state whether male or female)...

boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1<sup>st</sup> 1881

4. Place of Birth, (Street and Number)

135 Thama St.

5. Full Name of Mother,

Mary Ann Moody

6. Mother's Maiden Name,

Mary Ann Brown

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm. Moody

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Nova Scotia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. Sumner

Address,

171 South Washington St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *1st Child*
1. Sex, (state whether male or female)..... *Boy*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *1st August*
4. Place of Birth, (Street and Number)..... *175 Washington St*
5. Full Name of Mother,..... *Mary Hertie*
6. Mother's Maiden Name,..... *Mary Miller*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *George Herbert*
9. Father's Occupation,..... *Interor*
10. Father's Birthplace,..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return...... *Mary E. Simms*
- Address,..... *171 S. Washington St*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 1st 1881
4. Place of Birth (Street and Number) 210 Dimeson St.
5. Full Name of Mother Josiah Pomeroy
6. Mother's Maiden Name
7. Mother's Birthplace New York
8. Full Name of Father Henry Pomeroy
9. Father's Occupation Agent
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Dr. Scammon
- Address 7 Calverton St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 1<sup>st</sup> 1891
4. Place of Birth, (Street and Number) No 530 Reservoir
5. Full Name of Mother Christina Muller
6. Mother's Maiden Name Christina Selzer
7. Mother's Birthplace Germany
8. Full Name of Father J. Muller
9. Father's Occupation Music
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Edna Hillier
- Address 182 E Monument St
- Remarks \_\_\_\_\_

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1, 1881

4. Place of Birth, (Street and Number)

344 Madison Av

5. Full Name of Mother,

Elizabeth Bruce

6. Mother's Maiden Name,

Elizabeth Cole

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edw B Bruce

9. Father's Occupation,

Marshall

10. Father's Birthplace,

Mass.

Name of Medical Attendant, or other Person who makes this Return

J. W. Williams

Address.

121 W. 1st St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

49154

2<sup>nd</sup>  
Male  
White  
August 1<sup>st</sup> 1881  
N. Fulton St (House not numbered)  
Ida Louisa Becker  
Ida Louisa Zimmermann  
Baltimore County  
Louis Becker  
Book-keeper  
Baltimore City  
P. S. Field Med.  
No 10 N. Carey Street

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st
1. Sex, (state whether ~~male~~ or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Aug. 1, 1891
4. Place of Birth, (Street and Number)..... Calver Ave. E. No. 356
5. Full Name of Mother,..... Susan M. Smith
6. Mother's Maiden Name,..... Matthews
7. Mother's Birthplace,..... Balt.
8. Full Name of Father,..... Joseph A. Henry
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Balt.
- Name of Medical Attendant, or other Person who makes this Return...... Mrs. J. H. [illegible]
- Address,..... 215 E. [illegible]
- Remarks,.....



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Aug 1, 1891
- Place of Birth, (Street and Number) No 522 Penna Avenue
- Full Name of Mother, Annie Karcher
- Mother's Maiden Name, n Spitz
- Mother's Birthplace, Baltimore
- Full Name of Father, Frank Karcher
- Father's Occupation, cigar maker
- Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. G. Schmitt

Address,

No 522 Penna Avenue

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

August 1, 1881

200 McDougall St

Rachel M Little

" " Abbott

Baltimore

Harry C. Lytle

Ins. Agent for Brown Bro

Hartford Ct. Conn.

Wm White - M.D.

367 N. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

8 2 81

4. Place of Birth (Street and Number)

473 Franklin St

5. Full Name of Mother

Julia A. Virginia Welch

6. Mother's Maiden Name

Indruch

7. Mother's Birthplace

Carroll Co. Md

8. Full Name of Father

David C. Welch

9. Father's Occupation

Custom House Officer

10. Father's Birthplace

Boals Md

Name of Medical Attendant, or other Person who makes this Return.

David M. Eastman

Address

349 Green

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 August*
4. Place of Birth, (Street and Number) *Wyan S. Charles St*
5. Full Name of Mother, *Guida Sciffert*
6. Mother's Maiden Name, *Luis Wolsplager*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Sciffert*
9. Father's Occupation, *Sanitation*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *Joseph Sciffert*
- Address, *1200 West St*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *No 360 William Street*
5. Full Name of Mother, *Clara Anne*
6. Mother's Maiden Name, *Clara Russell*
7. Mother's Birthplace, *Balt. md*
8. Full Name of Father, *Andrew Anne*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Decatur Ga. 2<sup>d</sup>*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Whinton*
- Address, *No 666 S. Charles Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *August 2nd 1881*  
4. Place of Birth (Street and Number) *265 Poerston St*  
5. Full Name of Mother *Laura Euler*  
6. Mother's Maiden Name *Laura Dorsey*  
7. Mother's Birthplace *Baltimore Co Md*  
8. Full Name of Father *John Euler*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *J. Edwards Kirby Md*  
Address *24 Columbia Avenue*  
Remarks

That say Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 2
4. Place of Birth, (Street and Number) 104 Johnson St
5. Full Name of Mother Alice Spinnock
6. Mother's Maiden Name Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel F. Spinnock
9. Father's Occupation Laborer
10. Father's Birthplace Dorchester Co
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sam. Cook
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, *20 August 1881*
4. Place of Birth, (Street and Number) *230 Carey St*
5. Full Name of Mother, *Lizzie C Taylor*
6. Mother's Maiden Name, *Earlish*
7. Mother's Birthplace, *Md*
8. Full Name of Father, *Wm. C Taylor*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Va*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Geo H. Sydnor*  
*1 Waverly Terrace*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 2d 1881
4. Place of Birth, (Street and Number) 482 Centaur Place
5. Full Name of Mother Jessie Brocker Johnson
6. Mother's Maiden Name Jessie Teackle Brocker
7. Mother's Birthplace Baltimore City
8. Full Name of Father Greenleaf Johnson
9. Father's Occupation Merchant
10. Father's Birthplace Pa.
- Name of Medical Attendant, or other Person who makes this Return. J. A. P. Wilson, Jr.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 2nd 81

4. Place of Birth, (Street and Number)

248 West St

5. Full Name of Mother,

Cornelia Smith

6. Mother's Maiden Name,

Etels

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover St

Remarks,

That any Physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 1921
4. Place of Birth, (Street and Number) No. 524 Lenox Avenue
5. Full Name of Mother, Mary Gould
6. Mother's Maiden Name, Mary Dehmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Gould
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1. The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 August 1881.

4. Place of Birth, (Street and Number)

Baltimore, 1555 Chapsell St.

5. Full Name of Mother,

Eleanore Nordbrach.

6. Mother's Maiden Name,

" " Fuchs.

7. Mother's Birthplace,

Frankenberg, Germania.

8. Full Name of Father,

Herrn. Heinrich Georg Nordbrach.

9. Father's Occupation,

Ship's Pilot.

10. Father's Birthplace,

Germania.

Name of Medical Attendant,

or other Person who makes this return

Mary Hoplist

Address,

Baltimore, St. L. & G.

Remarks,

Mary Hoplist.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the children name of the mother of such child or children.

# RETURN OF A BIRTH.

44168

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 2nd 1881

4. Place of Birth (Street and Number)

Parke Ave

5. Full Name of Mother

Rosa A.

6. Mother's Maiden Name

Rosa A. McCay

7. Mother's Birthplace

Howard Co Md

8. Full Name of Father

Andrew P. Reiley

9. Father's Occupation

Coal Dealer

10. Father's Birthplace

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. Lattimer M.D.

Address

187 W. Biddle St

Remarks

No Chloroform, natural labor, uncomplicated.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

49169

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *two*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 2, 1881*
4. Place of Birth (Street and Number) *169 N. Carey St*
5. Full Name of Mother *Gause Jane Pries*
6. Mother's Maiden Name *" Reader*
7. Mother's Birthplace *" City, Balto*
8. Full Name of Father *Peter Pries*
9. Father's Occupation *Plumber & Gas Fitter*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *B. H. Herman M.D.*
- Address. *175 N. Carey St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) Harley Park
5. Full Name of Mother, Mari Lautenbach
6. Mother's Maiden Name, Barst
7. Mother's Birthplace, Balt Md.
8. Full Name of Father, Ed. Lautenbach
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Sara Leasher
- Address, 72 E. Howard
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> Child

1. Sex, (state whether male or female)....

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

August 2<sup>nd</sup>

4. Place of Birth, (Street and Number)

1821 Durham St

5. Full Name of Mother,

Maggie Groszkopf

6. Mother's Maiden Name, .....

Maggie Mobell

7. Mother's Birthplace, .....

Baltimore America

8. Full Name of Father,

Valentine Groszkopf

9. Father's Occupation, .....

Cooper

10. Father's Birthplace, .....

Baltimore America

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Linn

Address,

171 South Washington St

Remarks,



notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation, ...
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

Male  
White

Born August 2d  
no 65 Pennsylvania Avenue  
Rosina Mans  
Rosina Bedgar  
Balt M.D.  
Jacob Mans  
Laborer  
Balt M.D.  
Mrs Somerfield  
# 40 Pennsylvania Avenue

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup> Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

2<sup>nd</sup> August

4. Place of Birth, (Street and Number)

108 Howard st

5. Full Name of Mother,

Alvertie Groce

6. Mother's Maiden Name,

Spence

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Groce

9. Father's Occupation,

Crafter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who

Angelina Wilson

Address,

294 Warner st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *2 of August 1881*  
4. Place of Birth, (Street and Number) *336 Orleans St*  
5. Full Name of Mother, *Matie Weinberk*  
6. Mother's Maiden Name, *Kleinfield*  
7. Mother's Birthplace, *Bavaria*  
8. Full Name of Father, *George Weinberk*  
9. Father's Occupation, *Milk Dairy*  
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Madamz Ullig*  
*48 Gollans*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 2<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *412 Scott St*
5. Full Name of Mother, *Kate Kelly*
6. Mother's Maiden Name, *O'Leary*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Peter Kelly*
9. Father's Occupation, *Gas House Employee*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mary Koch*
- Address, *328 South Eutaw St*
- Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 2nd 81*

4. Place of Birth, (Street and Number) *372 1/2 South Eutaw St*

5. Full Name of Mother, *E. West*

6. Mother's Maiden Name, *" Fether*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John West*

9. Father's Occupation, *Glass Blower*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Kosh*

Address *328 1/2 South Eutaw St*

*Baltimore*

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

August 20 1881

4. Place of Birth (Street and Number)

326 S. Bond st.

5. Full Name of Mother

Augusta Miss

6. Mother's Maiden Name

Strick

7. Mother's Birthplace

City

8. Full Name of Father

George Miss  
Laborer

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bely  
120 Bank st.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. one*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *August 2.*
4. Place of Birth, (Street and Number) *181. Lemon St*
5. Full Name of Mother, *Siggy Fawceter.*
6. Mother's Maiden Name, *Siggy Hemminger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Conper Hemminger*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return \_\_\_\_\_
- Address, *Miss Anna Fawceter 60 Schrade St*
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the matron name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2<sup>d</sup> 1881
4. Place of Birth, (Street and Number) 1310 East Baltimore St.
5. Full Name of Mother, Lisebeth Kinecke
6. Mother's Maiden Name, Schaeffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ferdinand Kinecke
9. Father's Occupation, Barber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft
- Address 1306 Canton Ave
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 3<sup>d</sup> 1881
4. Place of Birth, (Street and Number) 175 Greenmount Avenue,
5. Full Name of Mother Mary Butzler,
6. Mother's Maiden Name Mary Papper,
7. Mother's Birthplace Philadelphia
8. Full Name of Father William Butzler,
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address 205-5 Franklin St.
- Remarks \_\_\_\_\_

When any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 1881*
4. Place of Birth, (Street and Number) *334 Nanny St*
5. Full Name of Mother, *Sarah C. Sparr*
6. Mother's Maiden Name, *Sarah E. Forsythe*
7. Mother's Birthplace, *Rockingham, Ma*
8. Full Name of Father, *Jos. A. Sparr*
9. Father's Occupation, *Shedder*
10. Father's Birthplace, *Brookfield, Ct Ma*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cook Jr*
- Address *146 Nanny*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 3<sup>d</sup> 1881
4. Place of Birth (Street and Number) Frederick Ave. - Sotendro
5. Full Name of Mother Helen Vaughan Lambert
6. Mother's Maiden Name "
7. Mother's Birthplace B.C.
8. Full Name of Father Louis G. Lambert
9. Father's Occupation Clerk. B & O Express.
10. Father's Birthplace Phila. Penna.
- Name of Medical Attendant, or other Person who makes this Return. J. Harvey Still M.D.
- Address 119 Edmondson Ave
- Remarks

1. First any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *August 3 - 1891*
4. Place of Birth, (Street and Number) *No 374 E. Chase St.*
5. Full Name of Mother, *Mary M. Barth*
6. Mother's Maiden Name, *" " Simpson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Herman H. Barth*
9. Father's Occupation, *Stonecutter*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Howell*
- Address, *226 N. Denoy St.*

Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 3rd.*
4. Place of Birth (Street and Number) *Balto City. No 97 Fairmount. Av*
5. Full Name of Mother *Annie Link*
6. Mother's Maiden Name *Annie Miller*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *George Link*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Gardene Miller Midwife*
- Address *No 5 Walker St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*N<sup>o</sup> 2 for 1881*

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 3<sup>d</sup> 1881 - 7.40. A.M.*
4. Place of Birth (Street and Number) *Cor. S. Paul & S. Washington Streets*
5. Full Name of Mother *Emma Maria Morrison*
6. Mother's Maiden Name *Emma Maria Mallory?*
7. Mother's Birthplace *East Haven, Conn.*
8. Full Name of Father *Wm. Morrison*
9. Father's Occupation *Captain of Fruit Business*
10. Father's Birthplace *East Haven, Conn.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. R. M. H. H. H.*
- Address *71 Barclay St.*
- Remarks *Strong healthy child.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- 49156
- 1<sup>st</sup>
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored American African
3. Date of Birth Aug. 3<sup>rd</sup> 1881
4. Place of Birth (Street and Number) 39 Richmond St.
5. Full Name of Mother Elizabeth Perkins
6. Mother's Maiden Name Williams
7. Mother's Birthplace Ta
8. Full Name of Father Henry Perkins
9. Father's Occupation Whewasher &c
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. L. Linsday
- Address 159 Park St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 3 d 81

4. Place of Birth, (Street and Number)

206 William st

5. Full Name of Mother,

Louise Schmuck

6. Mother's Maiden Name,

Bopp.

7. Mother's Birthplace,

America

8. Full Name of Father,

George Schmuck

9. Father's Occupation,

Carpet polisher

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Thacker st.

Remarks,



"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49188

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female) ..

Females

2. Race or Color, (if not of the white race) ..

White.

3. Date of Birth, .....

August 3<sup>rd</sup> 1881.

4. Place of Birth, (Street and Number) ..

6 Donnell Street 4<sup>th</sup> door E. of Sharp.

5. Full Name of Mother, .....

Matilda Busch.

6. Mother's Maiden Name, .....

Matilda Slater.

7. Mother's Birthplace, .....

Baltimore City.

8. Full Name of Father, .....

Frederick Busch.

9. Father's Occupation, .....

Laborer.

10. Father's Birthplace, .....

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett.

Address, .....

No 65 Bussie St.

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

19189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 3d of August 1881

4. Place of Birth, (Street and Number)

5 Brown Lane

5. Full Name of Mother

California Annally

6. Mother's Maiden Name

Bailey

7. Mother's Birthplace

born in Richmond Virginia

8. Full Name of Father

Darles L. Annally

9. Father's Occupation

Booker

10. Father's Birthplace

born in Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return.

Miss Miller

Address

1017 W. Pratt St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~one~~ first

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, born 3<sup>rd</sup> of August, 1881

4. Place of Birth, (Street and Number) No 246 Columbia Ave.

5. Full Name of Mother, Reckie Ruhlman.

6. Mother's Maiden Name, Reckie Smith.

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, Mr. Ruhlman.

9. Father's Occupation, Carriage

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schliefer No 30 Columbia

Address, Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

6<sup>th</sup>  
Male  
Woodward  
22<sup>nd</sup> Aug<sup>r</sup> 1891  
43 New Alley  
M. Johnson  
M. B. Brown  
Baltimore  
Crown Johnson  
Carpenter  
Baltimore  
Mary Wade  
125 W. 6<sup>th</sup> St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1919

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Wedn 3<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) W. Smallwood St. 64
5. Full Name of Mother Mary Bebet
6. Mother's Maiden Name Mary Hiddy
7. Mother's Birthplace Maryland
8. Full Name of Father John Bebet
9. Father's Occupation Labourer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Toll
- Address 718 5<sup>th</sup> Baitaloe St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth august 3. 1881

4. Place of Birth (Street and Number) Mary Standmore  
229 Balorg St

5. Full Name of Mother Standmore

6. Mother's Maiden Name West river Md

7. Mother's Birthplace evans Brown

8. Full Name of Father Wester

9. Father's Occupation Baths Md

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish

Address H. H. 3 Paratoga St

Remarks The child is still alive

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *S. Dallas St. No. 128.*
5. Full Name of Mother, *Mary Buchel*
6. Mother's Maiden Name, *Mary Frote*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Simon Buchel*
9. Father's Occupation, *Furniture-maker*
10. Father's Birthplace, *Bamberg, H. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Wm. E. Muller*

Address, *S. Dallas St. No. 128*

Remarks,

If any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 3 August
4. Place of Birth, (Street and Number) 67 Presidents
5. Full Name of Mother, Margi Cone
6. Mother's Maiden Name, Calope
7. Mother's Birthplace, Italia
8. Full Name of Father, Frank Cone
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Italia
- Name of Medical Attendant, or other Person who makes this Return Mrs. Sara Casper
- Address, 72 C. Lombard
- Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) 14 Polk St
5. Full Name of Mother, Mrs. Earkens
6. Mother's Maiden Name, Nesch
7. Mother's Birthplace, Dalt Md
8. Full Name of Father, Paul Earkens
9. Father's Occupation, Stuart
10. Father's Birthplace, France
- Name of Medical Attendant, or other Person who makes this Return Mrs. Laura Casper
- Address, 72 E Lombardi
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *3 August*
4. Place of Birth, (Street and Number) *11 Albemarle*
5. Full Name of Mother, *Hat. Theringo*
6. Mother's Maiden Name, *Rotsch*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *James Theringo*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sarah Leary*
- Address, *72 E. Lombard*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth August 3rd 1881

4. Place of Birth (Street and Number) No 235 N Ann St

5. Full Name of Mother Mary Matilda Hill

6. Mother's Maiden Name " Prutz

7. Mother's Birthplace Baltimore City

8. Full Name of Father James G. Hill

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Jm. L. Russell

Address N. W. Cor Broadway & Madison St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10, 1899

4. Place of Birth, (Street and Number) Pratt St.

5. Full Name of Mother, Elizabeth Pratt

6. Mother's Maiden Name, Pratt

7. Mother's Birthplace, Germany

8. Full Name of Father, John Pratt

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return William H. Pratt

Address, 2 Pratt St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *August 3<sup>rd</sup>*
4. Place of Birth, (Street and Number) *534 Canton Ave Baltimore*
5. Full Name of Mother, *Katharina Opfer*
6. Mother's Maiden Name, *Katharina Weissstein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Henry Opfer*
9. Father's Occupation, *Schmiedemaker*
10. Father's Birthplace, *Hoffen Kappel Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Kelly*
- Address *1112 Patterson Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

49201

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 3<sup>rd</sup> 1881*  
 4. Place of Birth (Street and Number) *20 Pearl st.*  
 5. Full Name of Mother *Katie May Hohlbein*  
 6. Mother's Maiden Name *Katie May Steyer.*  
 7. Mother's Birthplace *Balt. City*  
 8. Full Name of Father *W. A. J. Hohlbein*  
 9. Father's Occupation *Tobacconist*  
 10. Father's Birthplace *Balt. City*  
 Name of Medical Attendant, or other Person who makes this Return. *J. M. Jordan, M.D.*  
 Address *126 Mulberry st.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White Race*
3. Date of Birth *August 3<sup>rd</sup> 1881*
4. Place of Birth (Street and Number) *No. 259 N<sup>o</sup> Henry Baltimore*
5. Full Name of Mother *Mary Green*
6. Mother's Maiden Name *Mary Reed*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William J. Green*
9. Father's Occupation *Master*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Mercer*
- Address *No. 136 N<sup>o</sup> Henry St Baltimore Md*
- Remarks

any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49203

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1st 1901

4. Place of Birth, (Street and Number) 9284

5. Full Name of Mother, Catherine Schmidt

6. Mother's Maiden Name, Catherine Heidemann

7. Mother's Birthplace, Greenfield, Wisconsin

8. Full Name of Father, Charles Schmidt

9. Father's Occupation, Gunner Dealer

10. Father's Birthplace, Jackson, Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, 6 Limerick St

Remarks,



1. Advise any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 3rd 1881.*
4. Place of Birth, (Street and Number) *No. 146 Enoch St.*
5. Full Name of Mother, *Dora Pundt*
6. Mother's Maiden Name, *Dora Land*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wm. Pundt*
9. Father's Occupation, *Confectioner*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. H. A. Butt*
- Address, *No. 185 S. E. cor. Central av. & Monument St.*
- Remarks, *All Well.*



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 3rd 1881*
4. Place of Birth, (Street and Number) *#236 East Pratt St.*
5. Full Name of Mother, *Augusta Miller*
6. Mother's Maiden Name, *Gendries*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Miller*
9. Father's Occupation, *Cigar manufacturer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Susan Knapp*
- Address *#236 Canton Ave.*
- Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

119306

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 4 1887
4. Place of Birth, (Street and Number) 64 Pine St.
5. Full Name of Mother Sophia Moore
6. Mother's Maiden Name Ostenbaugh
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Wm. Moore
9. Father's Occupation Black
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. H. H. H. H.
- Address 431 E. N. H. Ave.
- Remarks \_\_\_\_\_

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of August 1881*
4. Place of Birth, (Street and Number) *North Washington Street*
5. Full Name of Mother, *Ida Smith*
6. Mother's Maiden Name, *J*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *W. C. Single*
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address *11 North Chapel Street per Justina Kunkel*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 4 1881*
4. Place of Birth (Street and Number) *277 Hoffman St*
5. Full Name of Mother *Mary Katalia Killilaw*
6. Mother's Maiden Name *Mullin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Katalia*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Deaf...*
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who, shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored* Race
3. Date of Birth, *August 4, 1887*
4. Place of Birth, (Street and Number) *113 Bethel St*
5. Full Name of Mother, \_\_\_\_\_
6. Mother's Maiden Name, *Mary Francis Fraigie*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return *Lucy J. Wolford*
- Address, *132 N. Bayister St*
- Remarks, *Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *August 16th 1891*
4. Place of Birth, (Street and Number) *36 North Howard St.*
5. Full Name of Mother, *Martha Brown*
6. Mother's Maiden Name, *Martha Jones*
7. Mother's Birthplace, *Anne Arundell County*
8. Full Name of Father, *Charles Brown*
9. Father's Occupation, *Field Carrier*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Holley*
- Address, *36 North Howard St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*  
1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *colored*  
3. Date of Birth, *4 of august*  
4. Place of Birth, (Street and Number) *No 7 Vincent ally*  
5. Full Name of Mother, *Beller Bacon*  
6. Mother's Maiden Name, *Beller Bacon*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Julius Fredrick*  
9. Father's Occupation, *Carbon man*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Catharine Jones*  
Address, *40 E Tavie st Baltimore*  
Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 10<sup>th</sup>
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... 4<sup>th</sup> of Aug 1881
4. Place of Birth, (Street and Number) ..... Thacker St.
5. Full Name of Mother, ..... Rev. Mrs. Gist
6. Mother's Maiden Name, ..... Hargreaves
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Rev. Jacob Gist
9. Father's Occupation, ..... Preacher
10. Father's Birthplace, ..... Germany
- Names of Medical Attendant, or other Person who makes this Return ..... Mary Wain
- Address, ..... 125 W. Caroline St.
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

female  
colored

2. Race or Color (if not of the white race)

3. Date of Birth

august 14 1881

4. Place of Birth (Street and Number)

35 1/2 Reabry st

5. Full Name of Mother

Lavinia Johnson

6. Mother's Maiden Name

Adams

7. Mother's Birthplace

armstrong Co

8. Full Name of Father

andrews Johnson

9. Father's Occupation

labor

10. Father's Birthplace

farfat Co. Va.

Name of Medical Attendant, or other Person who makes this Return.

Eliza Cornish

Address

445 Saratoga St

Remarks

The child is still alive

I, any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1

4. Place of Birth, (Street and Number) 1212 North

5. Full Name of Mother, Ann Harrison

6. Mother's Maiden Name, Boyle

7. Mother's Birthplace, West Virginia

8. Full Name of Father, John Harrison

9. Father's Occupation, Miner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, John Harrison  
or other Person who makes this Return

Address, 1212 North

Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 4<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 140 Babcock St Balt.*
5. Full Name of Mother *Ida Elce*
6. Mother's Maiden Name *Ida Harden*
7. Mother's Birthplace *King St Balt. Md*
8. Full Name of Father *William Elce*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Montgomery Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*
- Address *No 360 Lexington St Balt.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- 49316
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *August 4th*
4. Place of Birth, (Street and Number) *North Lader Hall St*
5. Full Name of Mother, *Josephine Johnson*
6. Mother's Maiden Name, *Josephine James*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Levin Johnson*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Chambridge Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*
- Address, *no 4 pattee avenue*
- Remarks, *healthy child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 7

4. Place of Birth, (Street and Number)

480 Stanton Ave

5. Full Name of Mother,

Margaret Blanche

6. Mother's Maiden Name,

Margaret Miller

7. Mother's Birthplace,

Fullinville

8. Full Name of Father,

George Blanche

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address

No 12 Patterson Park av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *4 Aug*
4. Place of Birth (Street and Number) *No 201 Pierce St*
5. Full Name of Mother *Annie Blackston*
6. Mother's Maiden Name
7. Mother's Birthplace *St. Marks Va*
8. Full Name of Father
9. Father's Occupation *Carpet-shaker*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Wiley Blake*
- Address *No 55 Carlton St*
- Remarks

Every mother, physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 4 August
4. Place of Birth, (Street and Number) 27 Castle
5. Full Name of Mother, Anne Wehl
6. Mother's Maiden Name, Pinschler
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Wehl
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Lora Cooper
- Address, 72 E. Lombard
- Remarks, \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 of August
4. Place of Birth, (Street and Number) 192 Baltimore St
5. Full Name of Mother, Jennie Livingston
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return, Mrs Bess Ulling
- Address, 48 Holland St.
- Remarks, \_\_\_\_\_

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *August 4th*, 1881
4. Place of Birth, (Street and Number) *No. E. Lombard St. cor. Duncan alley*
5. Full Name of Mother *Mrs. Elizabeth Johnston*
6. Mother's Maiden Name *Mrs. Elizabeth Downey*
7. Mother's Birthplace *Scotland*
8. Full Name of Father *Mr. George Johnston*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Scotland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Helen Linen. M.D.*
- Address *No. 102 N. Bona Dray*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 7  
1. Sex (state whether Male or Female) 4 Females  
2. Race or Color (if not of the white race) White  
3. Date of Birth August 4, 1881  
4. Place of Birth, (Street and Number) 43 Gilmore  
5. Full Name of Mother Thellen Souder  
6. Mother's Maiden Name Thellen Barth  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Charles S Souder  
9. Father's Occupation Farmer  
10. Father's Birthplace Baltimore County  
Name of Medical Attendant, or other Person who makes this Return. Mrs S Thellez  
Address 222 Pratt St  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119223

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first  
female  
white

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th. Aug. /81

4. Place of Birth, (Street and Number)

52 N. Bond St.

5. Full Name of Mother,

Mrs. Louisa Johnson  
Colesman

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

James Henry Clay Johnson  
Engineer

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

E. P. Evans M.D.

Address,

275 E. Baltimore St.

Remarks,

accor-  
to the  
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex, (state whether male or female) *boy*  
 2. Race or Color, (if not of the white race) *born skin*  
 3. Date of Birth, *4 August*  
 4. Place of Birth, (Street and Number) *32 Shortman Street*  
 5. Full Name of Mother, *Kate Baker*  
 6. Mother's Maiden Name, *Kate Gladard*  
 7. Mother's Birthplace, *Annapolis county*  
 8. Full Name of Father, *Thomas Baker*  
 9. Father's Occupation, *Butcher*  
 10. Father's Birthplace, *Philadelphia*  
 Name of Medical Attendant, or other Person who makes this return *Sammy Snowden*  
 Address, *No 60 Lakeborn Street*  
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating clearly and fully the date, hour, day, month, year, sex, and color of the child or children born, its or their physical condition, whether still born or born alive, the full name, nativity, and residence of the parents, and the maiden name of the mother of any child.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant,

or other Person who makes this Return.

Address

Remarks

Aug 3<sup>d</sup> 1881.  
Mary A. Howard St.  
Margaret E. Howard.  
Margaret E. Howard.  
Baltimore City.  
William A. Howard.  
Clark.  
Laguerre, C. Howard, Jr.  
John, L. E. Howard, Jr.  
City

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Aug. 5th*
4. Place of Birth, (Street and Number) *No 8 Salisbury, alley*
5. Full Name of Mother, *Annin White*
6. Mother's Maiden Name, *Annin Losen*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Dana White*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. John W. W. W.*
- Address, *No 13 S. Duncanson Alley*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 & 5: Child*
1. Sex, (state whether male or female) *2. Girl*
2. Race or Color, (if not of the white race) *Witthe*
3. Date of Birth, *August 5/81*
4. Place of Birth, (Street and Number) *N 66 Pearl Street*
5. Full Name of Mother, *Sorette Zander*
6. Mother's Maiden Name, *Sorette Plock*
7. Mother's Birthplace, *Rachlingen Germania*
8. Full Name of Father, *Christoph Zander*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Rachlingen Germania,*
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Caucasian*  
 3. Date of Birth *August 5/11*  
 4. Place of Birth (Street and Number) *No 166 Bolton alley*  
 5. Full Name of Mother *Mary Dorsey*  
 6. Mother's Maiden Name *Mary Hamand*  
 7. Mother's Birthplace *Wheatford Co Md*  
 8. Full Name of Father *Moses Dorsey*  
 9. Father's Occupation *Porter*  
 10. Father's Birthplace *Charles County Md*  
 Name of Medical Attendant, or other Person who makes this Return *Sarah Duwall*  
 Address *9 Gasper st*  
 Remarks

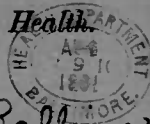
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 11-19-50

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



*Cora May Rollins*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*August 5 4<sup>th</sup>*

4. Place of Birth, (Street and Number)

*Brook alley no number*

5. Full Name of Mother

*Mary Rollins*

6. Mother's Maiden Name

*Reels*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*John A. Rollins*

9. Father's Occupation

*Painter*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this return.

*Mrs Ann Nash*

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 5
4. Place of Birth, (Street and Number) 164 Johnson St.
5. Full Name of Mother Eda Arminger
6. Mother's Maiden Name Eda F. Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father William J. Arminger
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

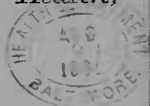


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 8*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *the 5th August*
4. Place of Birth, (Street and Number) *1637 Cent. aven.*
5. Full Name of Mother *Katiny B. B. B.*
6. Mother's Maiden Name *Katiny Single*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John M. Single*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Christina Jauer*
- Address *173 Harbor aven.,*
- Remarks *Es 81*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *aug 1 8*
4. Place of Birth, (Street and Number) *Church st no 71*
5. Full Name of Mother, *Miss Rachel Dixon*
6. Mother's Maiden Name, *Mrs Rachel Dixon*
7. Mother's Birthplace, *Eastern Shore of Maryland*
8. Full Name of Father, *Sam'l F. Dixon*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Baltimore Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Julia A. Dixon*
- Address, *No 60 Church st*
- Remarks, *1172*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth born on the 5 of August 1881

4. Place of Birth, (Street and Number) 991 W. Pratt St.

5. Full Name of Mother Anna Metzger

6. Mother's Maiden Name H. Schrecker

7. Mother's Birthplace born in the City of Balto.

8. Full Name of Father George Metzger

9. Father's Occupation Cook

10. Father's Birthplace born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this return. W. H. H. H.

Address 1017 W. Pratt St.

Remarks \_\_\_\_\_

119285

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Boy  
White

August 5-1881

67 Castle St.

Annie Bertha Greffzin

Annie Fenhau

Baltimore

George Greffzin

Silver Plate

Baltimore

Mary E. Semmi

171 South Washington

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 5<sup>th</sup> / 81
4. Place of Birth (Street and Number) 70 Lee St
5. Full Name of Mother Leonora Beckworth
6. Mother's Maiden Name Stranly
7. Mother's Birthplace Balto
8. Full Name of Father Wm Beckworth
9. Father's Occupation Clerk
10. Father's Birthplace Md.
- Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis
- Address 162 Hanover St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 5<sup>th</sup> 1881
4. Place of Birth (Street and Number) 109 Caroline St
5. Full Name of Mother Anna William
6. Mother's Maiden Name " Block
7. Mother's Birthplace City
8. Full Name of Father John William
9. Father's Occupation Mariner
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitt
- Address 120 Bank St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *August 5<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *1107 Mc Eldery St*
5. Full Name of Mother *Lilly Dorsey*
6. Mother's Maiden Name *" Corsair*
7. Mother's Birthplace *City*
8. Full Name of Father *Wm Dorsey*
9. Father's Occupation *Labors*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bond St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49240

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (~~state whether Male or Female~~)
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *5 Aug. 1887.*
4. Place of Birth (Street and Number) *Bohemian Court.*
5. Full Name of Mother *Linda Robinson*
6. Mother's Maiden Name *Do.*
7. Mother's Birthplace *Wga.*
8. Full Name of Father *Unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Leonard M.D.*
- Address *214 E. Baltimore St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

Colored

August 5. 1880

182 Light St.

Mrs Harry McKenny

Burden

New Bedford Mass

Joseph McKenny

Dress Coal Cart

San Domingo West Indies

Charles Potter

No 156 Welcome Alley

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 5<sup>th</sup> 1881
4. Place of Birth (Street and Number) 106 Boyd Street
5. Full Name of Mother Mary Jane Gregory
6. Mother's Maiden Name " Bodman
7. Mother's Birthplace Prince Georges county D. C.
8. Full Name of Father Geo W Gregory
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore city Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Geo. W. Macer
- Address No 136 W. Henry Baltimore Md
- Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or write at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

149243

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 5-15 1881
4. Place of Birth, (Street and Number) 165 Townsend St
5. Full Name of Mother Mary Ann Elizabeth Campbell
6. Mother's Maiden Name Riser
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Louis C. Campbell
9. Father's Occupation Shoemaker
10. Father's Birthplace Georgetown, D. C.
- Name of Medical Attendant, or other Person who makes this Return. J. Christian M.D.
- Address #31 Lenox
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

49254

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 5th 1881*
4. Place of Birth, (Street and Number) *No 74 S. Spring Street.*
5. Full Name of Mother, *Charlotta Bergert*
6. Mother's Maiden Name, *Charlotta. Bader*
7. Mother's Birthplace, *Bohemia.*
8. Full Name of Father, *John Switzerland Bergert*
9. Father's Occupation, *Bergert a Wines & Brewery.*
10. Father's Birthplace, *Switzerland.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Batt*
- Address, *1615 E. Calverton av. And Monument St.*
- Remarks, *All well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 Baker St
4. Place of Birth (Street and Number) 3 Baker St
5. Full Name of Mother Erie Gadder
6. Mother's Maiden Name Eve Fance
7. Mother's Birthplace Baltimore
8. Full Name of Father William Gadder
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Co
- Name of Medical Attendant, or other Person who makes this Return A. C. Pole
- Address No 1 N Boundary Ave
- Remarks Baltimore Co

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6<sup>th</sup> August 1881*
4. Place of Birth, (Street and Number) *Balto. Gay st No 519*
5. Full Name of Mother, *Mary Nosek*
6. Mother's Maiden Name, *" Kaspar*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Peter Nosek*
9. Father's Occupation, *Black smith*
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return

Address, *69 Washington st*

Remarks,

*Mary Kaptist*

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Aug. 6th 81*
4. Place of Birth, (Street and Number) *340 S. Charles st*
5. Full Name of Mother, *Louise Kreuter*
6. Mother's Maiden Name, *Kraty*
7. Mother's Birthplace, *America*
8. Full Name of Father, *William Kreuter*
9. Father's Occupation, *Photographer*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *J. Schwaiger midwife*
- Address, *330 Hanover st*
- Remarks, \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6<sup>th</sup> August 1881*
4. Place of Birth, (Street and Number) *Balt. Ann st No 86*
5. Full Name of Mother, *Barbara Jaroschek*
6. Mother's Maiden Name, *B. Triska*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *John Jaroschek*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, *Mary Koptisch*  
or other Person who makes this Return
- Address, *Washington st No 69*
- Remarks, *Mary Koptisch*

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6<sup>th</sup> August 1881

4. Place of Birth, (Street and Number) Balt. Fayette st No 420

5. Full Name of Mother, Mary Walblich

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, F. Walblich

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kaphel

Address, W. Washington st No 69

Remarks, Mary Kaphel

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female  
White  
6th Aug. 1881  
162 N. Bond St  
Julia Bellis  
Julia Walgren  
Baltimore  
William Thomas Bellis  
Bricklayer  
Baltimore  
Mary Weller  
125 W. Baltimore St.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Boy  
White

2. Race or Color, (if not of the white race)

3. Date of Birth, 6<sup>th</sup> August 1881

4. Place of Birth, (Street and Number)

Balt. Ann st No 26

5. Full Name of Mother,

Barbara Jaroschels

6. Mother's Maiden Name,

B. Triska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Jaroschels

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Hospital

Address,

Washington st No 69

Remarks,

Mary Hospital



Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6<sup>th</sup> August 1881

4. Place of Birth, (Street and Number) Balt. Fayette st No 240

5. Full Name of Mother, Mary Walblich

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, J. Walblich

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kaphis

Address, St. Washington st No 69

Remarks, Mary Kaphis

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 10, 1887*
4. Place of Birth, (Street and Number) *Ensor St. 1926*
5. Full Name of Mother, *Magdalena Weber*
6. Mother's Maiden Name, *Magdalena Weber*
7. Mother's Birthplace, *Balt<sup>ic</sup> City*
8. Full Name of Father, *Henrich C. Weber*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Berlin Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *15 Dallas St. 1926*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6<sup>th</sup> Aug. 1881*
4. Place of Birth, (Street and Number) *162 N. Bond St.*
5. Full Name of Mother, *Julia Bellis*
6. Mother's Maiden Name, *Julia Walters*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Thomas Bellis*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Waller*
- Address, *125 N. Bond St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5<sup>th</sup> of Aug, 1891*
4. Place of Birth, (Street and Number), *135 T. McLean St.*
5. Full Name of Mother, *L. Roberts*
6. Mother's Maiden Name, *L. Roberts*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *James M. Roberts*
9. Father's Occupation, *Plaster*
10. Father's Birthplace, *Balto. City*
- Name of Medical Attendant, or other Person who makes this Return *Mary Wain*
- Address, *135 T. McLean St.*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth August 6 1881  
 4. Place of Birth, (Street and Number) 153 Johnson st  
 5. Full Name of Mother Igie Baechtel  
 6. Mother's Maiden Name Webb  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Charles W Baechtel  
 9. Father's Occupation Conductor B & O R.R.  
 10. Father's Birthplace Leagostown  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Saturday Aug 6th 1881*

4. Place of Birth (Street and Number) *321 W Lombard*

5. Full Name of Mother *Mary J. Moore*

6. Mother's Maiden Name *Mary J. Taubert*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Thomas Moore*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Norfolk Va*

Name of Medical Attendant, or other Person who makes this Return. *Laugh Nelson M.D.*

Address *321 W Lombard Baltimore*

Remarks *1st child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 1st 1891
4. Place of Birth, (Street and Number) 124 Light St
5. Full Name of Mother John William H. Williams
6. Mother's Maiden Name Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father George Williams
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this Return. Dr. Williams
- Address 124 Light St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored brown skin
3. Date of Birth August 6 4 1881
4. Place of Birth (Street and Number) houses court No. 8
5. Full Name of Mother Larry Jackson
6. Mother's Maiden Name Larry Island
7. Mother's Birthplace Calvert County
8. Full Name of Father Leach Jackson
9. Father's Occupation Dryman
10. Father's Birthplace Petersburg, Va.
- Name of Medical Attendant, or other Person who makes this Return. Rosella Galway
- Address No 136 York St
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4 child
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... colored
3. Date of Birth, ..... august 13<sup>th</sup>
4. Place of Birth, (Street and Number)..... no 33 dover st
5. Full Name of Mother, ..... cornelia green
6. Mother's Maiden Name, ..... cornelia clark
7. Mother's Birthplace, ..... colbert county md
8. Full Name of Father, ..... robert green
9. Father's Occupation, ..... coalman
10. Father's Birthplace, ..... colbert county md
- Name of Medical Attendant, or other Person who makes this return. ..... Mrs Lydia Motter
- Address, ..... no 4 path 50 avenue
- Remarks, ..... healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st child  
boy  
White  
Aug. 6<sup>th</sup> 1881  
337 Eastern ave  
Caroline Bell  
Caroline Williams  
Baltimore America  
Henry Bell  
Laborer  
Baltimore America  
Mrs Mary E. Simms  
171 South Washington St

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5<sup>th</sup> Child.*  
*Female*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *2<sup>nd</sup> of August 1891*
4. Place of Birth, (Street and Number) *No 128 Dorchester St*
5. Full Name of Mother, *Lizzzy Krüger*
6. Mother's Maiden Name, *Luttmann*
7. Mother's Birthplace, *Hannover*
8. Full Name of Father, *Barnard Krüger*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Altenburg*
- Names of Medical Attendant, or other Person who makes this Return, *Mrs. Gisdner,*
- Address, *No 45 Monroe St.*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th 1881*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 6th 1881*
4. Place of Birth (Street and Number) *299 Mc. Sansough St.*
5. Full Name of Mother *Johanna Bruns*
6. Mother's Maiden Name *Hunk*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *Herdiand Bruns*
9. Father's Occupation *Shoe Cutter*
10. Father's Birthplace *Balt Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Francis A. Lincecum M.D.*  
*105 N. Central Ave*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6 of August Madajira Alle*
4. Place of Birth, (Street and Number) *No. 169*
5. Full Name of Mother, *Caroline Müller*
6. Mother's Maiden Name, *= Schammel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Müller*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Bremen (Germany).*
- Name of Medical Attendant, *or other person who makes this Return.* *J. Reinkens Midwife*
- Address, *No. 121 East Street.*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Mother 9<sup>th</sup> Child*  
 1. Sex, (state whether male or female) *Male Child*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *6<sup>th</sup> of August 1887*  
 4. Place of Birth, (Street and Number) *No 5 Little Beech Street*  
 5. Full Name of Mother, *Mary A. Decker*  
 6. Mother's Maiden Name, *Sick*  
 7. Mother's Birthplace, *Honover Germany*  
 8. Full Name of Father, *August Decker*  
 9. Father's Occupation, *Henchster*  
 10. Father's Birthplace, *Prusia Germany*  
 Name of Medical Attendant, or other Person who makes this Return *Richardson W. W. W.*  
 Address, *1 Lurdayfall*  
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*August 6th. 1881*

4. Place of Birth, (Street and Number)

*No 466 Monument St.*

5. Full Name of Mother,

*H. Killman*

6. Mother's Maiden Name,

*H. Wasser*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Louis Killman*

9. Father's Occupation,

*Butcher.*

10. Father's Birthplace,

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Mrs. M. A. Bull*

Address, *No 185 16 cor Center & Monument St.*

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 6, 1881*
4. Place of Birth (Street and Number) *18<sup>th</sup> Holland St.*
5. Full Name of Mother *Sarah Greentaum*
6. Mother's Maiden Name *Sarah Rosenfeld*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Moses Greentaum*
9. Father's Occupation *Merchant Tailor*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *D. W. Hornick M.D.*
- Address *75<sup>th</sup> Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY. *Sept*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 6 1881*
4. Place of Birth (Street and Number) *284 South Dallas St*
5. Full Name of Mother *Josephine Lavinier*
6. Mother's Maiden Name *Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Lavinier*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louisa Smith*
- Address *Name of Child Josephine Lavinier*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White-*
3. Date of Birth, *Aug. 7th 1881*
4. Place of Birth, (Street and Number) *161 W Lombard Maternity-Hospital*
5. Full Name of Mother, *Rose White-*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Baltimore County Md*
8. Full Name of Father, *Mr. Morrison*
9. Father's Occupation, *" "*
10. Father's Birthplace, *W. D. Connerly N.Y.*
- Name of Medical Attendant, or other Person who makes this Return *161 W Lombard*
- Address. *City-*
- Remarks, *Allegiance*

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 7. 1888.*
4. Place of Birth, (Street and Number) *161 W Lombard Maternity Hospital*
5. Full Name of Mother, *Lizzie Walls*
6. Mother's Maiden Name, *"Maryland"*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *Unknown*
10. Father's Birthplace, *Unknown*
- Name of Medical Attendant, or other Person who makes this Return *G.D. Compton M.D.*
- Address, *161 W Lombard St*
- Remarks, *Illegitimate*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male~~ Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

August 7<sup>th</sup> 1881.

4. Place of Birth (Street and Number)

17 Highmore St

5. Full Name of Mother

Mary Ann Mason

6. Mother's Maiden Name

" " Burke

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Charles Mason

9. Father's Occupation

Collector

10. Father's Birthplace

Ohio

Name of Medical Attendant, or other Person who makes this Return.

A. J. Regan, M.D.  
11 S. High St

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 7 1891

4. Place of Birth, (Street and Number)

368 N. Street

5. Full Name of Mother,

Ann Lewis

6. Mother's Maiden Name,

Gaines

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lewis

9. Father's Occupation,

Occupied at Bank

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

G. H. Brown, M.D.

Address,

On Street & Franklin

Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth August 1st 1911

4. Place of Birth, (Street and Number) Baltimore Johnson St 55

5. Full Name of Mother Mary Smith

6. Mother's Maiden Name Mary Becker

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Smith

9. Father's Occupation glass tander

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Huthorne

Address William St 1234

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7<sup>th</sup>

4. Place of Birth, (Street and Number)

36 Register St

5. Full Name of Mother,

Ezzie Wickes

6. Mother's Maiden Name,

Ezzie Reid

7. Mother's Birthplace,

Baltimore America

8. Full Name of Father,

Benjamin Wickes

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore America

Name of Medical Attendant, or other Person who makes this return.

Mrs Mary E. Linn

Address,

171 South Washington St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 7 1881

4. Place of Birth, (Street and Number)

380 Bond St

5. Full Name of Mother,

Car Jackson

6. Mother's Maiden Name,

Car Mucalch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Jackson

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mrs E. J. J. J.

Address,

143 Chester St

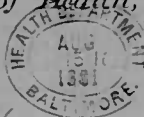
Remarks,

See list

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6th child*
1. Sex, (state whether male or female) *male child*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *August 18 1881*
4. Place of Birth, (Street and Number) *59 - Glenvale*
5. Full Name of Mother, *Mary Ann*
6. Mother's Maiden Name, *Mary Ann*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *John Henry*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, *Dr. J. H. Jones*  
or other Person who makes this Return.
- Address, *181 York St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female).  
2. Race or Color, (if not of the white race)  
3. Date of Birth,  
4. Place of Birth, (Street and Number)  
5. Full Name of Mother,  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd Child

Boy

White

Aug. 2nd

160 Washington St

Eva Robinson

Eva Robt

Baltimore Md

Henry Hopkins

Garbair

Baltimore

Mrs Mary E. Simmes

171 So Washington

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 of August 1881*
4. Place of Birth, (Street and Number) *71 Ann. St*
5. Full Name of Mother, *Millie M. Alder*
6. Mother's Maiden Name, *Malden*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Reinhold Alder*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs Ros Ylby  
41 Holland St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug - 9<sup>th</sup> / 1881
4. Place of Birth, (Street and Number) No 19 Infancy St
5. Full Name of Mother Annie Short
6. Mother's Maiden Name Annie Rehl
7. Mother's Birthplace Germany
8. Full Name of Father Leiler
9. Father's Occupation Carter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. John A. McQueen
- Address 138 E. Chesapeake St
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 7th. 1881*
4. Place of Birth, (Street and Number) *No. 33 Lombard st.*
5. Full Name of Mother, *Bertha Landau*
6. Mother's Maiden Name, *Bronson*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Henry Landau*
9. Father's Occupation, *tailor*
10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein*

Address, *1136 Lombard st.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex, (state whether male or female) *male*
  - Race or Color, (if not of the white race) *white*
  - Date of Birth, *August 7th 1881*
  - Place of Birth, (Street and Number) *Harrison st.*
  - Full Name of Mother, *Mary Heiman*
  - Mother's Maiden Name, *Singer*
  - Mother's Birthplace, *Europe*
  - Full Name of Father, *Joseph Heiman*
  - Father's Occupation,
  - Father's Birthplace, *Europe*
- Name of Medical Attendant, *Mrs. C. Bernstein*  
or other Person who makes this Return.  
 Address, *113 E. Lombard st.*  
 Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 7<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *230 N. Gilmore St*  
 5. Full Name of Mother *Eliza Naomi Haynes*  
 6. Mother's Maiden Name *Eliza Naomi Robinson*  
 7. Mother's Birthplace *Liverpool England*  
 8. Full Name of Father *Chas. Frederick Haynes*  
 9. Father's Occupation *Musician*  
 10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



*Julius Hall M.D.*  
*317 Market St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *August 7th*  
 4. Place of Birth (Street and Number) *141 Randall st*  
 5. Full Name of Mother *Charlotte Sparrow*  
 6. Mother's Maiden Name *Waltham*  
 7. Mother's Birthplace *Friedrich Co. Md.*  
 8. Full Name of Father *Wm Sparrow*  
 9. Father's Occupation *Fireman*  
 10. Father's Birthplace *Cumberland Md*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *C. A. Lewis*  
 Remarks *162 Hanover st*

*Record of Vital Statistics in the City of Baltimore.*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *August 7 1881*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *August 7 1881*
4. Place of Birth, (Street and Number) *No 46 Ridgely*
5. Full Name of Mother, *Hulda Sackhoff*
6. Mother's Maiden Name, *" Colmeyer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Sackhoff*
9. Father's Occupation, *Triller*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Perryman Mining*  
*1412 Sackhoff*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 7<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *172 S. Caroline St.*
5. Full Name of Mother, *Rachel Liepman*
6. Mother's Maiden Name, *" Gold.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Oscar Liepman*
9. Father's Occupation, *Clerk.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *A. H. Enrich, M.D.*
- Address, *94 S. Broadway.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 7th. 1881*
4. Place of Birth, (Street and Number) *No 327 N. Central av.*
5. Full Name of Mother, *Bertha Schröder*
6. Mother's Maiden Name, *Bertha Henry*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Schröder Bricklayer*
9. Father's Occupation, *Germany*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt.*
- Address, *No 185 18 N. Central av. & Monument St.*
- Remarks, *All Well.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 7, 1881*
4. Place of Birth (Street and Number) *7 W. Holland St*
5. Full Name of Mother *Fannie C. Andrews,*  
*Fannie C. Harrison*
6. Mother's Maiden Name *Maryland*
7. Mother's Birthplace *Ringold Andrews*
8. Full Name of Father *Polic Officer,*
9. Father's Occupation *Maryland*
10. Father's Birthplace *J. W. Honck M.D.,*  
*75 E. Baltimore St*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *Aug 8th 1881*
3. Date of Birth, *161 W Lombard Maternity Hospital*
4. Place of Birth, (Street and Number) *Lizzie Turner*
5. Full Name of Mother, *"*
6. Mother's Maiden Name, *Mt Airy*
7. Mother's Birthplace, *Unknown*
8. Full Name of Father, *Ed Compton M.D.*
9. Father's Occupation, *161 W Lombard St*
10. Father's Birthplace, *Name of Medical Attendant, or other Person who make this Return*
- Name of Medical Attendant, or other Person who make this Return *Address*
- Address *Remarks, illegitimate*



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

- Sex, (state whether male or female).....
- Race or Color, (if not of the white race) *White*
- Date of Birth, *August 8<sup>th</sup> 1891*
- Place of Birth, (Street and Number) *Register St. No. 33*
- Full Name of Mother, *Lizzie Schmidt*
- Mother's Maiden Name, *Lizzie Klein*
- Mother's Birthplace, *Balt<sup>ic</sup> City*
- Full Name of Father, *Joseph Schmidt*
- Father's Occupation, *Bricklayer*
- Father's Birthplace, *Balt<sup>ic</sup> City*

Name of Medical Attendant, or other Person who makes this Return

Address, *W. Dallas St. No. 26*

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *8 of August in 1881*
4. Place of Birth, (Street and Number) *No 6 Parrish alley Baltimore*
5. Full Name of Mother, *Mary Brooks*
6. Mother's Maiden Name, *Mary Brooks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Abraham Butler*
9. Father's Occupation, *Driver Pious Wagon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Catherine Jones*
- Address, *1103 Harris Baltimore*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*First-*

1. Sex (state whether Male or Female)

*Female.*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*August 8<sup>th</sup> / 81.*

4. Place of Birth (Street and Number)

*#145 West Str.*

5. Full Name of Mother

*Louisa R. Busch.*

6. Mother's Maiden Name

*Louisa R. Seipell.*

7. Mother's Birthplace

*Baltimore. Md.*

8. Full Name of Father

*William H. Busch.*

9. Father's Occupation

*Police officer.*

10. Father's Birthplace

*Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

*Ab. Loh. M.D.*

Address

*#75 S. Bond Str.*

Remarks

*[Signature]*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 8th
4. Place of Birth, (Street and Number) No 137 South Spring st.
5. Full Name of Mother, Eremaa Palmer
6. Mother's Maiden Name, Geiger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Palmer
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simonow
- Address No 70 Granby st.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 54
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10:51 am the 8th of August 1881
4. Place of Birth, (Street and Number) No. 21 Banker St.
5. Full Name of Mother Male Klein
6. Mother's Maiden Name R. Naumann
7. Mother's Birthplace Born in Russian Germany
8. Full Name of Father John R. Klein
9. Father's Occupation Worker
10. Father's Birthplace Born in Bavaria Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Miller
- Address 1017 N. Pratt St
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

1192911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, August 8th 1881

4. Place of Birth, (Street and Number) No. 7 Clayton's Row.

5. Full Name of Mother, Christina Boyer

6. Mother's Maiden Name, Christina Frey

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Freeman Boyer

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, O. Edw. Jarney M. D.  
or other Person who makes this Return

Address, 401 Grand Hill Avenue

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

name of Child, *annie (anna) Elizabeth Lechtaler*

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female)

*female*

2. ~~Race or Color, (if not of the white race)~~

3. Date of Birth,

*Aug: 8th*

4. Place of Birth, (Street and Number)

*10 Boston & E. 11th St.*

5. Full Name of Mother,

*Matilda Louisa Lechtaler*

6. Mother's Maiden Name,

*Matilda Louisa Miller*

7. Mother's Birthplace,

*Balto. City*

8. Full Name of Father,

*Dr. Adam Lechtaler*

9. Father's Occupation,

*Grocer & Ship Chandler*

10. Father's Birthplace,

*Balto. City*

Name of Medical Attendant, or other Person who makes this Return

*Dr. J. Wiley*

Address,

*No 16 Patterson Park, N.Y.*

Remarks:



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49296

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Eighth day of August 1884.*
4. Place of Birth, (Street and Number) *18 Penn'a Ave*
5. Full Name of Mother, *Charlotte Vogel*
6. Mother's Maiden Name, *Sickel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bernhard Vogel*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Schoenfeld, Circuit Innaburg, Saxony, Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs John Summerfeld*
- Address, *18 Penn'a Ave*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *8th day of August*  
 4. Place of Birth, (Street and Number) *No 28 N. Pine St*  
 5. Full Name of Mother, *Dannie Houck*  
 6. Mother's Maiden Name, *Dannie Rhein*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *George Ephraim Houck*  
 9. Father's Occupation, *Clerk*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *or other Person who makes this Return.* *Mrs. Sommerfield*  
 Address, *38 Pennsylvania Ave*  
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 6 children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8 of August*
4. Place of Birth, (Street and Number) *1139 Williams St*
5. Full Name of Mother, *Rachel Begley*
6. Mother's Maiden Name, *Rachel Sumner*
7. Mother's Birthplace, *Kennett*
8. Full Name of Father, *Joseph Begley*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *W. S. Ill.*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Charles*
- Address, *No 125 7th St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 8th
4. Place of Birth, (Street and Number) No 38 Somerset st
5. Full Name of Mother Maggie Lucas
6. Mother's Maiden Name Gileoff
7. Mother's Birthplace Baltimore
8. Full Name of Father John Lucas
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs Getzke
- Address No 55 S. Bond st
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

10<sup>th</sup> Child  
Boy  
White  
Aug. 8<sup>th</sup>  
345 Bank St  
Martha Baumer  
Martha Collins  
Baltimore Md  
Gatie Baumer  
Strawberry  
Baltimore

Mrs Mary E. Linn  
171 South Washington St



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49301

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Child  
 1. Sex, (state whether male or female).. Boy  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, Aug 8<sup>th</sup> 1881  
 4. Place of Birth, (Street and Number) 183 South Chaptin  
 5. Full Name of Mother, Maggie Michel  
 6. Mother's Maiden Name, Maggie Beck  
 7. Mother's Birthplace, Germany  
 8. Full Name of Father, Adolph Michel  
 9. Father's Occupation, Laborer  
 10. Father's Birthplace, Germany  
 Name of Medical Attendant, Mrs. Mary Edlin,  
or other Person who makes this Return.  
 Address, 171 S Warington St.  
 Remarks,

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 8

4. Place of Birth, (Street and Number)

East St 100

5. Full Name of Mother,

Quenera Renard

6. Mother's Maiden Name,

Jones Beaman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Beaman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

West India

Name of Medical Attendant, or other Person who

Heard Jackson

Address,

Forest St 105

Remarks,

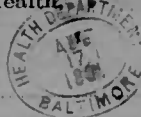
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ..
3. Date of Birth, 8 August
4. Place of Birth, (Street and Number) 203 Chesnut
5. Full Name of Mother, Ann Redig
6. Mother's Maiden Name, Hail
7. Mother's Birthplace, Balt Md
8. Full Name of Father, John Redig
9. Father's Occupation, clerk
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Leaffer
- Address, 72 Leadenhall
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, *August 8, 1881*  
 4. Place of Birth, (Street and Number) *14 Longh Street*  
 5. Full Name of Mother, *Mary E. Plummed*  
 6. Mother's Maiden Name, *" " Birmingham*  
 7. Mother's Birthplace, *England*  
 8. Full Name of Father, *Charles H. Plummed*  
 9. Father's Occupation, *Ice Cart Driver*  
 10. Father's Birthplace, *Maine*  
 Name of Medical Attendant, or other Person who makes this Return *Charles H. Thomas M.D.*  
 Address, *15 E. Baltimore Street*  
 Remarks, \_\_\_\_\_

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8th August*
4. Place of Birth, (Street and Number) *97 Harrison St*  
*Jorgehamrah Street*  
*Hunt*
5. Full Name of Mother, *Baltimore*
6. Mother's Maiden Name, *John Truyl*
7. Mother's Birthplace, *Blaster*
8. Full Name of Father, *Baltimore*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Madame Ullig*
- Address, *148 Holland St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 8<sup>th</sup> 1881

4. Place of Birth, (Street and Number) No 349 Central Ave

5. Full Name of Mother Lizzie Schmidt

6. Mother's Maiden Name Lizzie Waldus

7. Mother's Birthplace Baltimore

8. Full Name of Father John Schmidt

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Henry H. Hays

Address 2018 E of Monument St

Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: *James J. Gifford*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 18, 1881*

4. Place of Birth, (Street and Number) *10 S. Bond St*

5. Full Name of Mother *Emma Gifford*

6. Mother's Maiden Name *Parson*

7. Mother's Birthplace *Balt City*

8. Full Name of Father *Hugh Gifford*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Balt City*

Name of Medical Attendant, or other Person who makes this Return. *J. W. Gifford M.D.*

Address *474 N. W. 5th St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2nd, 3rd, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 22. 1891.*
4. Place of Birth (Street and Number) *Cor. Madison & Liberty ally*
5. Full Name of Mother *Catherine Ward*
6. Mother's Maiden Name *Catherine Murphy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Ward*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Phys. W. Leach M.D.*
- Address *128 Park Av.*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 7th 8. 1881*
4. Place of Birth, (Street and Number) *Bel air av.*
5. Full Name of Mother, *Mary Klippmiller*
6. Mother's Maiden Name, *Mary Himmel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Klippmiller*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *May delow J. Brooks*
- Address, *Chester Hill near Bel air av.*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *August 8<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *106 S Register*
5. Full Name of Mother *Sarah Williams*
6. Mother's Maiden Name *Kellner*
7. Mother's Birthplace *City*
8. Full Name of Father *Wigram Williams*
9. Father's Occupation *Peddler*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *120 Bank St*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *5th*
1. Sex, (state whether male or female) *Twins male & female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *8 Aug*
4. Place of Birth, (Street and Number) *foot of Hill St*
5. Full Name of Mother, *Margie Meyers*
6. Mother's Maiden Name, *Doetsch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Meyers*
9. Father's Occupation, *Resturant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Tomlin*
- Address, *No. 60 Schroeder St.*
- Remarks, \_\_\_\_\_



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Baltimore, August the 8<sup>th</sup>*
4. Place of Birth, (Street and Number) *Baltimore, Surinoga Street 4146*
5. Full Name of Mother, *Leana Fall*
6. Mother's Maiden Name, *Leana Schenberger*
7. Mother's Birthplace, *Baltimore, Md. U.*
8. Full Name of Father, *John Fall*
9. Father's Occupation, *Housew.*
10. Father's Birthplace, *Baltimore, Md. U.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. D. Duiker.*
- Address, *No 60 Schroeder St.*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Born 8<sup>th</sup> of August*

4. Place of Birth, (Street and Number)

*No. 126 St. Burgundy St.*

5. Full Name of Mother,

*Mrs Annie Hamberg*

6. Mother's Maiden Name,

*Mrs Anna Oberlin*

7. Mother's Birthplace,

*America*

8. Full Name of Father,

*Henry Hamberg*

9. Father's Occupation,

*Labour*

10. Father's Birthplace,

*America*

Name of Medical Attendant, or other Person who makes this Return

*Dr. J. W. McNeil*

Address,

*1400 Franklin St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 of August

4. Place of Birth, (Street and Number) nober 1 Lemon St bet E Cross and W B

5. Full Name of Mother, Minnie Schoon

6. Mother's Maiden Name, Minnie Berhard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schoon

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Grossenlinde Hessendarmstadt Germany

Name of Medical Attendant, or other Person who makes this Return Bartholomew M. M. M.

Address, 1 Barclayfield St

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 8th 1881

4. Place of Birth (Street and Number)

746 Contey Ave

5. Full Name of Mother

J. A. Denton

6. Mother's Maiden Name

Chinental

7. Mother's Birthplace

U. S. A

8. Full Name of Father

James William White Denton

9. Father's Occupation

Farmer

10. Father's Birthplace

U. S. A

Name of Medical Attendant, or other Person who makes this Return.

E. J. Williams, M.D.

Address

17 Calverton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth Aug. 8. 81

4. Place of Birth (Street and Number) Fulton Ave 1 door N of Franklin

5. Full Name of Mother Hester A. Friedrich

6. Mother's Maiden Name " " King

7. Mother's Birthplace Balto

8. Full Name of Father Lawrence Friedrich

9. Father's Occupation Clerk

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return John J. King

Address 215 Carrollton Ave

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49319.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 8, 1881

4. Place of Birth, (Street and Number)

1441 E. Chase St.

5. Full Name of Mother,

Emma Brandley  
Cranklin

6. Mother's Maiden Name,

Balch

7. Mother's Birthplace,

Wm A Cranklin

8. Full Name of Father,

Freeman Shub Factory

9. Father's Occupation,

Asst Survey

10. Father's Birthplace,

Wm H. - Wm R

Name of Medical Attendant, or other Person who makes this Return

Address,

387 N. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49321

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

3<sup>d</sup> Child.  
Male.  
White.

August 9-1881.  
20 Eastern Ave.

Ida Boyer.  
Ida Ferry.  
Newport N. J.  
Winfield S. Boyer.  
Mariner.  
Smyrna Del.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child Healthy

J. F. Powell, M.D.  
227 Carrollton St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 1st 1891*
4. Place of Birth, (Street and Number) *101 North Street*
5. Full Name of Mother, *Catherine Frederick*
6. Mother's Maiden Name, *Wise*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *August Frederick*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *John H. Hinkle*
- Address, *101 North Street*
- Remarks, .



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 9 1881*
4. Place of Birth, (Street and Number) *2022 Calver Ave*
5. Full Name of Mother, *Rebecca Powell*
6. Mother's Maiden Name, *Rebecca McNeal*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Michael L. Carr*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who  
took this Return *Frederick C. Coffey*
- Address, *146 N. Howard St*
- Remarks,

Recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



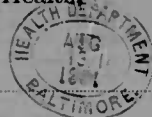
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Sept. 9 - 1881*
4. Place of Birth (Street and Number) *248 Babury st*
5. Full Name of Mother *Eliza Morah*
6. Mother's Maiden Name *Eliza Chapman*
7. Mother's Birthplace *Barthaben*
8. Full Name of Father *Bentham Morah*
9. Father's Occupation *Abigianist*
10. Father's Birthplace *Abroad*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte M. M. M.*
- Address *258 Babury St*
- Remarks *Home Sick not progressing to live*

"That any physician, accouchant, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

1193211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 9<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *39 Thet. St*
5. Full Name of Mother, *Geo Wright*
6. Mother's Maiden Name, *Ida Valena*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Geo Wright*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Thedoro Cook, M.D.*
- Address *146 Nassau St*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 Child  
Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

born  
on the 9 of august  
Baltimore City, Preslar St.  
Chris Lydia, young 239  
and name Lydia Hess  
in Maryland  
William young  
a Water of Pruned  
in Maryland  
Miss Clem attendal 10 Penn  
th William young 239  
Preslar St  
Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Aug 9th 81

4. Place of Birth, (Street and Number) 203 Light St

5. Full Name of Mother, Anna Otto

6. Mother's Maiden Name, Fipenscha

7. Mother's Birthplace, America

8. Full Name of Father, August Otto

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who make this Return J. Schwassers midwife

Address, 330 Hanover St

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *the 9 of August*
4. Place of Birth (Street and Number) *No 40 Union st.*
5. Full Name of Mother *Anna Hennell*
6. Mother's Maiden Name *Anna Weager*
7. Mother's Birthplace *in Germany*
8. Full Name of Father *Frank Hennell*
9. Father's Occupation *a Baker*
10. Father's Birthplace *in Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Theresa Geller*
- Address *No 44. Union st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 9, 1881*
4. Place of Birth (Street and Number) *53 Sullivan St.*
5. Full Name of Mother *Annie Love*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Benjamin Love*
9. Father's Occupation *Plumber & Gas fitter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return... *Dr. J. P. Jeffers*
- Address *4 Cathedral St.*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Given Name - Grace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug - 9th 1881

4. Place of Birth, (Street and Number) No 556 Hazard Ave

5. Full Name of Mother Annie Keith

6. Mother's Maiden Name Annie Leach

7. Mother's Birthplace Balto

8. Full Name of Father Charles Henry

9. Father's Occupation Drumsmith

10. Father's Birthplace Balto

Name of Medical Attendant, or other person who makes this return. Anna H. Williams

Address 182 E. Pratt St

Remarks Monmouth St



Examine the Registrars of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *9 August 1881*

4. Place of Birth, (Street and Number) *Pennsylvania Avenue*

5. Full Name of Mother, *Katharina Gleitsman*

6. Mother's Maiden Name, *Katharina Margolf*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Otto Gleitsman*

9. Father's Occupation, *Watchmaker - Insoler*

10. Father's Birthplace, *Sachsen Altenburg*

Name of Medical Attendant, or other Person who makes this Return *Dr. F. Reinhard*

Address, *224 West Franklin Street*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 9th 1881
4. Place of Birth (Street and Number) 85 Choptank St
5. Full Name of Mother Elizabeth Burris
6. Mother's Maiden Name Doer
7. Mother's Birthplace City
8. Full Name of Father Wm Burris
9. Father's Occupation Fire man
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betts
- Address 120 Bank St
- Remarks \_\_\_\_\_

# RETURN OF A F

To the Office of Registrar of Vital Sta

BALTIMORE C.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *August 9th 1881*
4. Place of Birth (Street and Number) *265 Alice Ann St*
5. Full Name of Mother *Rose Miller*
6. Mother's Maiden Name *" Shuck*
7. Mother's Birthplace *City*
8. Full Name of Father *Andreas Miller*
9. Father's Occupation *Wagon master*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bey*
- Address *120 Bank St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119334

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

Aug. 9th 1881

106 Gramercy St.

Mary Jackson Rutter

George Town, Va.

John M. Jackson

Carpenter

Baltimore

Edmund P. M. Smith

111 N. Calvert St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

149.335

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female).....

Male - Joshua Jones Matthews

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 9th 1881

4. Place of Birth, (Street and Number)

94 N Exeter St

5. Full Name of Mother,

Elizabeth J. Jones Matthews

6. Mother's Maiden Name,

Jones

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Joseph B. Matthews

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Eliot C. Price M.D.

Address,

262 Madison Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Female.  
White  
Aug 9<sup>th</sup>  
32 Constitution St.  
Kate Vinton  
Virginia  
Dennis Driscoll.  
Horse Shoer.  
Ireland.  
Wm Whitridge

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

19337

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 9<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Carrollton Hotel Light*
5. Full Name of Mother, *Alice Hammond*
6. Mother's Maiden Name, *Alice Hammond*
7. Mother's Birthplace, *Annapolis Md.*
8. Full Name of Father, *William A Hammond*
9. Father's Occupation, *Attorney at Law*
10. Father's Birthplace, *Berkeley Co Va*
- Name of Medical Attendant, or other person who makes this return. *J. H. Kaland M.D.*
- Address, *114 Park Ave*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 4 1887
4. Place of Birth, (Street and Number) 142 Stricker St
5. Full Name of Mother Marionne George
6. Mother's Maiden Name Marionne McElroy
7. Mother's Birthplace Chas. Md
8. Full Name of Father Geo. George
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this return. J. H. Williams M.D.
- Address 23. Franklin
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Aug. 10 1881*
4. Place of Birth, (Street and Number) *143 N. Enoch St.*
5. Full Name of Mother, *Catharine Hartman*
6. Mother's Maiden Name, *Hoff*
7. Mother's Birthplace, *Augusta Ga*
8. Full Name of Father, *Marcus Hartman*
9. Father's Occupation, *Scalperman*
10. Father's Birthplace, *Prudonk Mo*
- Name of Medical Attendant, *D. Street M.D.*  
or other Person who makes this Return.
- Address, *143 N. Enoch St.*
- Remarks, *Very - L. P. A. - force applied - both done well*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth August 10 1891
4. Place of Birth, (Street and Number) N 195 Myrtle
5. Full Name of Mother Maria E. Hunter
6. Mother's Maiden Name Maria E. Patterson
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Hunter
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.
- Address 23 Greenblair
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 18th 1881*
4. Place of Birth (Street and Number) *Caroline & Gay sts.*
5. Full Name of Mother *Elizabeta Dodge*
6. Mother's Maiden Name *Dorstenbach*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Harry Dodge*
9. Father's Occupation *polisher*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingsley*
- Address *256 E John st*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49342

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 10<sup>th</sup> 1891*
4. Place of Birth, (Street and Number) *68 Fremont St*
5. Full Name of Mother, *Charlotte Cromb*
6. Mother's Maiden Name, *Charlotte Undutch*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Mr Cromb*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who make this Return *Theodore Cooke MD*
- Address. *146 Hanover St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49343

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12<sup>th</sup> of Aug 1881

4. Place of Birth, (Street and Number)

289 E. Madison St.

5. Full Name of Mother,

Mrs John Geo James

6. Mother's Maiden Name,

Harriet Nicholson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Geo. Young

9. Father's Occupation,

Harnessmaker

10. Father's Birthplace,

New York, N.Y.

Name of Medical Attendant, or other Person who make this Return

May Wilson

Address,

125 W. Madison St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10<sup>th</sup> of Aug 1881*
4. Place of Birth, (Street and Number) *99<sup>th</sup> of Aug 18*
5. Full Name of Mother, *Mary L. Grier*
6. Mother's Maiden Name, *Mary L. Head*
7. Mother's Birthplace, *Philadelphia Pa.*
8. Full Name of Father, *John W. Grier*
9. Father's Occupation, *Life Insurance Co.*
10. Father's Birthplace, *Philadelphia Pa.*
- Name of Medical Attendant, *Mary Waller*  
or other Person who makes this Return
- Address, *125<sup>th</sup> Calver*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49345

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Aug 10 1881
4. Place of Birth (Street and Number) 111 Harrison Lane
5. Full Name of Mother Mary Michaelson
6. Mother's Maiden Name Mary Lincoln
7. Mother's Birthplace Baltimore city
8. Full Name of Father William Michaelson
9. Father's Occupation Wagon Driver
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Charlotte E. Green
- Address 258 Federal St
- Remarks none

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

1193116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 10 1881*
4. Place of Birth, (Street and Number) *22 Jackson St*
5. Full Name of Mother, *Eliza M. Stalfort*
6. Mother's Maiden Name, *Eliza M. Kneale*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Mr C. Stalfort*
9. Father's Occupation, *Leather Dealer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cook M.D.*
- Address *1465 Hanover*
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st
1. Sex, (state whether male or female) ..... male
2. Race or Color, (if not of the white race) ..... white
3. Date of Birth, ..... August 10<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... 1320 Heath Street
5. Full Name of Mother, ..... Kate Birk
6. Mother's Maiden Name, ..... Kate Schuy
7. Mother's Birthplace, ..... Baltimore city md
8. Full Name of Father, ..... John Birk
9. Father's Occupation, ..... Engineer on B. & O. R.R.
10. Father's Birthplace, ..... Ellicotts city Howard Co md
- Name of Medical Attendant, or other Person who makes this Return. ..... Elizabeth Hinton
- Address, ..... 1366 1/2 North Charles Street
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *male*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth, *August 10, 1881*
  4. Place of Birth, (Street and Number) *S. W. Cor. Chase & Hope Sts.*
  5. Full Name of Mother, *Ellen Dinnis*
  6. Mother's Maiden Name, *Carter*
  7. Mother's Birthplace, *England*
  8. Full Name of Father, *Amos Dinnis*
  9. Father's Occupation, *Stone Keeper*
  10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *M. White, M.D.*
- Address, *24 N. Broadway*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 10, 1881
4. Place of Birth, (Street and Number) South East corner Chapel and Jefferson
5. Full Name of Mother Isabella W. Watts
6. Mother's Maiden Name Isabella W. Pemphrey
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel H. Watts
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return. Amanda Marine
- Address 378 East Jefferson
- Remarks Baltimore

"That any physician, scoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) .....

3. Date of Birth, *Aug 10 1881*

4. Place of Birth, (Street and Number) *26 Paulding*

5. Full Name of Mother, *Linnay G. Wisner*

6. Mother's Maiden Name, *Leisner*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Henry G. Wisner*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *J. L. Schaeffer midwife*

Address, *330 Hanover St.*

Remarks, .....

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
of Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10<sup>th</sup>

4. Place of Birth, (Street and Number)

2966 Monument St

5. Full Name of Mother,

Isabella Budick

6. Mother's Maiden Name,

Isabella Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Budick

9. Father's Occupation,

Knacker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Oliver

Address,

214 A Eden St

Baltimore

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 10<sup>th</sup>
4. Place of Birth, (Street and Number) No 278 E. Fayette St
5. Full Name of Mother Mary Fisher
6. Mother's Maiden Name Helson
7. Mother's Birthplace Baltimore
8. Full Name of Father Amos Fisher
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. G. E. Ke
- Address No 55 S. Bond St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White race.*
3. Date of Birth *The 10 of August.*
4. Place of Birth (Street and Number) *No 14 Union st.*
5. Full Name of Mother *Theresa Geller*
6. Mother's Maiden Name *Theresa Eigeltinger.*
7. Mother's Birthplace *in Baltimore.*
8. Full Name of Father *Charles Geller.*
9. Father's Occupation *a Laborer.*
10. Father's Birthplace *in New York*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Theresa Geller.*
- Address *No 14 Union st.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female)

or Color (if not of the white race)

Place of Birth

Place of Birth (Street and Number)

Name of Mother

Mother's Maiden Name

Mother's Birthplace

Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who  
makes this Return.

Signature

Remarks

7<sup>th</sup>

Female

Colored

Aug. 10<sup>th</sup> 1881

40 Richmond St

Luey Conklin  
Cavill

Va  
John Conklin  
Hard

Louisiana  
J. E. Shickley m d  
159 Park Ave





"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 10th 1881*

4. Place of Birth, (Street and Number) *221 South Paca St*

5. Full Name of Mother, *Emma Mc Cowan*

6. Mother's Maiden Name, *" Bricker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Mc Cowan*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Koch*

Address, *328 South Euterpe St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> child*  
1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *Aug. 10<sup>th</sup> 1887*  
4. Place of Birth, (Street and Number) *37 Elliott St.*  
5. Full Name of Mother, *Martha Rainor*  
6. Mother's Maiden Name, *do Winkler*  
7. Mother's Birthplace, *Bald. City*  
8. Full Name of Father, *J. D. Rainor*  
9. Father's Occupation, *Can Maker*  
10. Father's Birthplace, *Anne Arundel Co. Md.*  
Name of Medical Attendant, or other Person who makes this Return. *R. W. Mansfield M.D.*  
Address, *117 S. Broadway*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ENTER NAME ADDED 10-19-55  
**RETURN OF A BIRTH** 49337

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

*Annie Schneeweis* 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 10th 1881*

4. Place of Birth, (Street and Number) *83 Hillen st.*

5. Full Name of Mother, *Mendel Schneeweis*

6. Mother's Maiden Name, *Bertensfeld*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Maxer Schneeweis*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, *or other Person who makes this Return.* *Mrs. C. Bernstein*

Address, *113 E. Lombard st.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 10th 1881*

4. Place of Birth, (Street and Number) *283 1/2 Avenue St.*

5. Full Name of Mother, *Mary L. Howard Cunningham*

6. Mother's Maiden Name, *Mary L. Murphy*

7. Mother's Birthplace, *Frederick Md*

8. Full Name of Father, *Stewart Cunningham*

9. Father's Occupation, *Cane Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *James M. Henderson M.D.*

Address, *26 Green Mt Ave*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

Remarks,

Second  
Female  
White  
Aug 10<sup>th</sup>  
146 McClellan St-  
Susan White  
Linthicum  
Annapolis.  
Wm H. White  
Printer  
Maryland.  
Wm Whridge

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 1297  
Female

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Aug 10th 1890  
No 23 Longfellow Lane  
Mary Ann Garrison  
" Griffin  
Baltimore Md  
Andrew Garrison  
Wagon man  
Baltimore Md  
Reginald W. Miller  
156 Howard Ave

Name of Medical Attendant, or other Person who makes this Return.

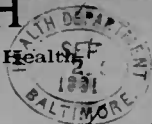
Address,

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 10<sup>th</sup>

4. Place of Birth, (Street and Number)

no 11 Perry St

5. Full Name of Mother,

Kate Jacob

6. Mother's Maiden Name,

" Reutner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John E. Jacob

9. Father's Occupation,

Cann Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

M<sup>rs</sup> Muntch

Address,

1 Lardner St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number).
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

10<sup>th</sup> July 81

653 W. Fayette St.

Rose E. Cunningham

Gross.

B.C.

Edward A. Cunningham

Agent Sewing M. Co.

Balto.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oring

Address,

294 Madison St.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug. 10, 1881*  
 4. Place of Birth (Street and Number) *Garrison Lane*  
 5. Full Name of Mother *Christina M. Hoene*  
 6. Mother's Maiden Name *Shreiner*  
 7. Mother's Birthplace *Balt.*  
 8. Full Name of Father *Albert F. Hoene*  
 9. Father's Occupation *Butcher*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *John Wood*  
 Address *322 Hollins St.*  
 Remarks *fine baby*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 August 1881*
4. Place of Birth (Street and Number) *127 Frederick St*
5. Full Name of Mother *Nettie May Mackinsey*
6. Mother's Maiden Name *Wells*
7. Mother's Birthplace *Boyle, Ind*
8. Full Name of Father *John Mackinsey*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Boyle, Ind*
- Name of Medical Attendant, or other Person who makes this Return. *Ed Williams M.D.*
- Address *17 Baltimore St*
- Remarks

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
- Sex, (state whether male or female) *Male*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *Sept 16 1891*
  - Place of Birth, (Street and Number) *10 South Howard St.*
  - Full Name of Mother, *Mary Bell*
  - Mother's Maiden Name, *Stagg*
  - Mother's Birthplace, *Delaware*
  - Full Name of Father, *Thomas B. M.*
  - Father's Occupation, *Laborer*
  - Father's Birthplace, *Delaware*
  - Name of Medical Attendant, or other Person who makes this Return. *Dr. C. C. White*
  - Address, *244 Baltimore St.*
  - Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
 1. Sex, (state whether male or female) female  
 2. Race or Color, (if not of the white race) Caucasian  
 3. Date of Birth, Aug 11 1881  
 4. Place of Birth, (Street and Number) 15 1/2 E. St  
 5. Full Name of Mother, Elizabeth Keister  
 6. Mother's Maiden Name, " Jordan  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Wm Keister  
 9. Father's Occupation, Laborer  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who makes this Return, D. Street M.D.  
 Address, 143 1/2 E. St  
 Remarks, R. Q. I. A - force applied - both doing well  
W

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first.*
1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race) *Colored.*
3. Date of Birth, *11 of August 1881.*
4. Place of Birth, (Street and Number) *Larchmont street 104.*
5. Full Name of Mother, *Sarah Snowden.*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Larchmont street Baltimore*
8. Full Name of Father, *Stephen Kelly.*
9. Father's Occupation, *Brick moulder.*
10. Father's Birthplace, *Kaborg street Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Doctor Will Henryman M.D.*
- Address, *104 Larchmont street, 130 Mulberry Court.*
- Remarks, *Very serious times at the birth.*

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Aug 11th 1887*  
 4. Place of Birth, (Street and Number) *161 W. Lombard Maternity Hospital*  
 5. Full Name of Mother, *Emma Westvelt*  
 6. Mother's Maiden Name, *"*  
 7. Mother's Birthplace, *Balto Md*  
 8. Full Name of Father, *Unknown*  
 9. Father's Occupation, *"*  
 10. Father's Birthplace, *"*  
 Name of Medical Attendant, or other Person who makes this Return *G.D. Compton M.D.*  
 Address *161 W. Lombard St.*  
 Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 11<sup>th</sup> 1881.

4. Place of Birth, (Street and Number) 370 Monument st.

5. Full Name of Mother, Augusta Humphreys

6. Mother's Maiden Name, Augusta Thompson

7. Mother's Birthplace, Germany

8. Full Name of Father, John Henry Humphreys

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Charles Simon

Address 70 Granby street

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Aug 11th 81*
4. Place of Birth, (Street and Number) *No. 228 Fremont St.*
5. Full Name of Mother, *Marie Boris*
6. Mother's Maiden Name, *Keller*
7. Mother's Birthplace, *America*
8. Full Name of Father, *George Kreis*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *L. H. Passer, midwife*
- Address, *330 Hanover St.*
- Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth August 11<sup>th</sup>  
 4. Place of Birth (Street and Number) 11<sup>th</sup> Court  
 5. Full Name of Mother Emma Gray  
 6. Mother's Maiden Name Younger  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Colandrea Gray  
 9. Father's Occupation Black Driver  
 10. Father's Birthplace Fall River, Mass.  
 Name of Medical Attendant, or other Person who makes this Return. City Lockman  
 Address 25 East St.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 11th 1881*
4. Place of Birth (Street and Number) *24 Valley St*
5. Full Name of Mother *Mary Emma Braden*
6. Mother's Maiden Name *Glenn*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Lemuel Thomas Braden*
9. Father's Occupation *Baggage Master A. & P. Co*
10. Father's Birthplace *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Wooden*
- Address *126 Grammont St, Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

August 11th 1881

No. 323 W. Townsend St.

Mrs. Alice Willson Cook

Blennier

Georgetown. D. C.

Henry Lane Cook

Commission Merchant

Frank Royal - Va -

Wm. Murray M.D.

305 W. Fayette St.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 11 01

4. Place of Birth, (Street and Number) 99 Hamstead St

5. Full Name of Mother Martha Braid

6. Mother's Maiden Name Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father George Braid

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who signs this Return. Mrs. Lutzke

Address No. 55 S. Bond St

Remarks \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 11, 1891.*

4. Place of Birth, (Street and Number) *1. Register St. No. 163*

5. Full Name of Mother, *Lena Mayer*

6. Mother's Maiden Name, *Lena Klemm*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Wilhelm Mayer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Frankfurt. W. Prussia. Germany*

Name of Medical Attendant, *or other Person who makes this Return* *Mary E. Miller*

Address, *B. St. No. 163*

Remarks.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (~~state whether Male or Female~~) \_\_\_\_\_
2. Race or Color (~~if not of the white race~~) \_\_\_\_\_
3. Date of Birth August 11<sup>th</sup> 1881.
4. Place of Birth (Street and Number) N 50. E. Fayette
5. Full Name of Mother Eva Arnold Hilton
6. Mother's Maiden Name Eva Arnold
7. Mother's Birthplace Ohio.
8. Full Name of Father William H. Hilton
9. Father's Occupation Grocery & Provisions
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrews
- Address No 121 E. Baeto. St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *11 August 1881*
4. Place of Birth, (Street and Number) *125 N. Spring St.*
5. Full Name of Mother, *Susan Ann Meade*
6. Mother's Maiden Name, *Mrs. Robinson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Meade*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Queen Anne County Md*
- Names of Medical Attendant, or other Person who makes this Return, *Mrs. Margaret*
- Address, *1247 N. Spring St. Baltimore Md*
- Remarks, *Both healthy and in prime condition*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11 1881

4. Place of Birth, (Street and Number) No. 24 Eling Street

5. Full Name of Mother, Katharine Beckmann

6. Mother's Maiden Name, " Bogel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Beckmann

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. E. Schmitt

Address, 528 Penna Avenue

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 11, 1881
4. Place of Birth (Street and Number) 21 Hartford Ct
5. Full Name of Mother Mrs. Anderson
6. Mother's Maiden Name Jonesley
7. Mother's Birthplace Hartford County, Md.
8. Full Name of Father Arthur A. Anderson
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. Scamfield
- Address # Cathedral St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 11<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *225 S. Fremont St*
5. Full Name of Mother, *Mary C. Reus*
6. Mother's Maiden Name, *Joeller*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Geo. Reus*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Wm. Gumbel M.D.*  
or other Person who makes this Return.
- Address, *1708 S. Sharp St.*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49381

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 11<sup>th</sup> 1887*
4. Place of Birth (Street and Number) *266 German St*
5. Full Name of Mother *Emma*
6. Mother's Maiden Name *Weber*
7. Mother's Birthplace *Balto*
8. Full Name of Father *William F. Handley*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Howard B. ...*
- Address *137 W. ...*
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 11 1881

4. Place of Birth (Street and Number)

134 E Fayette

5. Full Name of Mother

Sarah Braun

6. Mother's Maiden Name

Sarah Rosenstock

7. Mother's Birthplace

Germany

8. Full Name of Father

Roseland Braun

9. Father's Occupation

Bratcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. GILLMAN

Address

Remarks

NOTE: In accordance with the provisions of the City of Baltimore, That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th August
4. Place of Birth, (Street and Number) 10 Patterson Park
5. Full Name of Mother, Matilda Kueley
6. Mother's Maiden Name, Fukes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kueley
9. Father's Occupation, Inspector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Wiley  
1012 Patterson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *August 11<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *132 S Ann st*
5. Full Name of Mother. *Anna Danhauser*
6. Mother's Maiden Name *" Schmidt*
7. Mother's Birthplace *City*
8. Full Name of Father *Michael Danhauser*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Beth*
- Address *120 Bank st*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

August 11<sup>th</sup> 1881

3. Date of Birth,

87 Barre St.

4. Place of Birth, (Street and Number)

Marietta Schillender

5. Full Name of Mother,

" Newton

6. Mother's Maiden Name,

Baltimore City,

7. Mother's Birthplace,

Saml. Schillender,

8. Full Name of Father,

Salesman,

9. Father's Occupation,

Balto. City -

10. Father's Birthplace,

H. W. Webster, Jr. M.D.

Name of Medical Attendant, or other Person who makes this Return.

57 Barre St.

Address,

Reported by

Remarks,

R. J. W. Tall. M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*First*  
*Female*  
*White*  
*Aug 11th*  
*14 S. Chester St.*  
*Mary Louise Beadenkopf*  
*Bockheimer*  
*Balto*  
*Geo Beadenkopf*  
*Clerk*  
*Balto*  
*Wm. Whitebridge*



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

5<sup>th</sup>

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)...

White.

3. Date of Birth,

11<sup>th</sup> August.

4. Place of Birth, (Street and Number)

Howard, Hamburg, St. 264.

5. Full Name of Mother,

Auguste. Proff.

6. Mother's Maiden Name,

Auguste. Maier.

7. Mother's Birthplace,

Washington, D.C.

8. Full Name of Father.

William Proff.

9. Father's Occupation,

Knitting Store.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who make this Return

Carlheim, Maier.

Address,

1200 Dufrucht

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Aug. 11<sup>th</sup> 1887*
4. Place of Birth, (Street and Number) *207 E. Fremont St.*
5. Full Name of Mother, *Mary Carson*
6. Mother's Maiden Name, *Wallace*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *David Carson*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return *Chas. W. Neff*
- Address *304 W. Fayette St.*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return,.....

Address,.....

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
 Male  
 White  
 Aug 11 1881  
 131 Madison  
 Barbara Miedna  
 Miedna  
 Balt. Md  
 John Adelman  
 Laborer  
 U.S.A.  
 E. Adelman M.D.  
 17 Calumet St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *M* *Male*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *11<sup>th</sup> of August*
4. Place of Birth, (Street and Number) *#189 Rabinowitz St.*
5. Full Name of Mother, *Sophia L. Raff*
6. Mother's Maiden Name, *Sophia L. Scheytt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles H. A. Raff*
9. Father's Occupation, *Plumber & Gas fitter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm. D. Dwyer*
- Address, *#189 Rabinowitz St.*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

119390  
49392

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 22nd 1881
4. Place of Birth, (Street and Number) 235 Pennsylvania
5. Full Name of Mother Julia Hoff
6. Mother's Maiden Name Julia Drake
7. Mother's Birthplace Washington
8. Full Name of Father August Hoff
9. Father's Occupation Trimmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Messinghoff
- Address 345 Pennsylvania
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 11, 1881

4. Place of Birth (Street and Number)

26 Argus St.

5. Full Name of Mother

Mary L. Paul

6. Mother's Maiden Name

Mary L. Foxwell

7. Mother's Birthplace

Maryland

8. Full Name of Father

Charles E. Paul

9. Father's Occupation

Sea Captain

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

L. W. Honck M.D.  
70 E. Baltimore St.

Address

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

*2nd*  
*Female*  
*White*  
*Aug 12 1881*  
*677 Light St*  
*Sarah R England*  
*Sarah R Beckman*  
*Baltimore Md*  
*John A England*  
*Engineer*  
*Baltimore Md*  
*Theodore Cooke MD*  
*146 Nanne St*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Aug. the 12*
4. Place of Birth (Street and Number) *Chesnut Court No 5*
5. Full Name of Mother *Eden Bell* *Edwards*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Edward Smith*
9. Father's Occupation
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wiley Blakely*
- Address *No 53 Carrollton St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12<sup>th</sup> 81

4. Place of Birth, (Street and Number)

211 Cross St  
Cathart Gellies  
Honover

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
John Gellies  
Modler

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America  
J. Schugasser midwife  
330 Honover St.

Name of Medical Attendant, or other Person who makes this Return

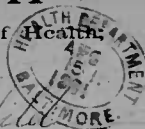
Address,

Remarks,

of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug. 12th 81.*
4. Place of Birth, (Street and Number) *No. 148 Lindenball St.*
5. Full Name of Mother, *Larise Roth*
6. Mother's Maiden Name, *Bixler*
7. Mother's Birthplace, *America*
8. Full Name of Father, *John Roth*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *J. Schogasser midwife*
- Address, *330 Hancock St.*
- Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# URN OF A BIRTH

49397

Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Age 1st, 2d, 3d, &c.) 5-14

Female

race) ..

12<sup>th</sup> August 1881

215 - Baltimore

Emma Margherita Stone

Hexman

Baltimore city

Thomas S Stone

Merchant Tailor

Baltimore

Person who  
this Return

C. B. Hamilton

5-9 Cathedral

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 6 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of August*
4. Place of Birth, (Street and Number) *No 105 West St*
5. Full Name of Mother, *Lucy R. Rindge*
6. Mother's Maiden Name, *Lucy E. Rindge*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Rindge*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Grieshaber*
- Address, *No 105 West St*
- Remarks,

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 7<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No. 231 S. Canal St.*
5. Full Name of Mother, *Mary Keeler*
6. Mother's Maiden Name, *Mary Hunter*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Peter M. Hester*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Maryland*

Name of Medical Attendant, *Dr. J. M. Hester* or other Person who makes this Return

Address, *117 S. 7<sup>th</sup> St.*

Remarks,



That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 of August 1881*
4. Place of Birth, (Street and Number) *1106 W. 5th St*
5. Full Name of Mother, *Johnnie Syple*
6. Mother's Maiden Name, *Johnnie Casey*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Syple*
9. Father's Occupation, *carver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. ...*
- Address, *125 N. ...*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 12 1881

4. Place of Birth (Street and Number)

154 East Str

5. Full Name of Mother

Mary Marx

6. Mother's Maiden Name

7. Mother's Birthplace

City of Baltimore

8. Full Name of Father

Fredrich Marx

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Dr. C. C. Cronan

Remarks

1455 Crookwith Str

Child well developed and healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th -
1. Sex (state whether Male or Female) male -
2. Race or Color (if not of the white race) white -
3. Date of Birth Aug. 12th - 1881 -
4. Place of Birth (Street and Number) 112 South Fulton St.
5. Full Name of Mother Susan E. Marr -
6. Mother's Maiden Name W. Hutchens -
7. Mother's Birthplace Balto. Co -
8. Full Name of Father John W. Marr -
9. Father's Occupation Conductor on Cars -
10. Father's Birthplace Balto. City -
- Name of Medical Attendant, or other Person who makes this Return. R. H. Golden, M.D.
- Address Haleth Ave. and Calverton St -
- Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of August 1881*
4. Place of Birth, (Street and Number) *211 South Pratt Street*
5. Full Name of Mother, *Ella Krasner*
6. Mother's Maiden Name, *Ella Kras*
7. Mother's Birthplace, *Talbot County*
8. Full Name of Father, *Joseph A. Kras*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore County, Capobon*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chapel Street per Justice Kunkel*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 13th
4. Place of Birth, (Street and Number) No. 36 E. Baltimore St
5. Full Name of Mother Minnie Schiele
6. Mother's Maiden Name Martzi
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Schiele
9. Father's Occupation Box Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Goh Kc
- Address No. 55 S. Bond St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *August 12, 1881*  
4. Place of Birth (Street and Number) *No. 110. Raborg St.*  
5. Full Name of Mother *Eliza Taylor*  
6. Mother's Maiden Name *Eliza Bond*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles F. Taylor*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*  
Address *No 360 Lexington St. Baltimore*  
Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 12, 1881*
4. Place of Birth, (Street and Number) *Bradford Hwy no number*
5. Full Name of Mother, *Marignone Müller*
6. Mother's Maiden Name, *Marignone Hammelbach*
7. Mother's Birthplace, *Giesfeldt W. Bayern, Germany*
8. Full Name of Father, *Johann Müller*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Lanz, N. Bayern, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address, *11 Dallas St. No. 26*

Remarks

Give any payment, or one cent, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)....

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,.....

Aug 12 1881

4. Place of Birth, (Street and Number)

125 Bank St.

5. Full Name of Mother,

Kate Kay

6. Mother's Maiden Name,

Kate Kaden

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Kay

9. Father's Occupation,

Clerk

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. Smith

Address,

11 South Washington St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *12<sup>th</sup> August.*

4. Place of Birth, (Street and Number) *125. Wenegetta St.*

5. Full Name of Mother, *George A. Horner*

6. Mother's Maiden Name, *Duly*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Horner*

9. Father's Occupation, *Brick lay*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Angelline Wilson*

Address, *294 Warner St.*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *August 12 1881*
4. Place of Birth, (Street and Number) *1 McCubbin St.*
5. Full Name of Mother, *Harline White*
6. Mother's Maiden Name, *Harline Hackett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward White*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Demara*
- Name of Medical Attendant, *Lucinder Wolford*  
or other Person who makes this return
- Address, *130 Register St*
- Remarks, *Remarks*

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 12th*
4. Place of Birth, (Street and Number) *377 W Pratt St.*
5. Full Name of Mother, *Annie Heinzmann*
6. Mother's Maiden Name, *Annie Jaekel*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Henry Heinzmann*
9. Father's Occupation, *Stone cutter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Schleifer midwife*
- Address, *No 20 Columbia Ave.*
- Remarks, .....

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



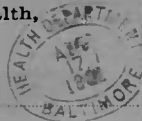
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *August 12<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *126 N. Broadway*
5. Full Name of Mother *Sophia W. Kirner*
6. Mother's Maiden Name *Sophia W. Schneider*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *George Henry Kirner*
9. Father's Occupation *Wholesale Liquor Merchant*
10. Father's Birthplace *Baltimore City, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Gashell*
- Address *207 S. Broadway*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition: whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *12 August*
4. Place of Birth, (Street and Number) *W Fayette*
5. Full Name of Mother, *Mrs. Reed*
6. Mother's Maiden Name, *Lig Roer*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Walter Reed*
9. Father's Occupation, *Hotel Keeper*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Para Cooper*
- Address, *72 E Lombard*
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8  
Garnett

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 August

4. Place of Birth, (Street and Number)

4 Pleasant

5. Full Name of Mother,

Dora Barett

6. Mother's Maiden Name,

Christ

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Georg Barett

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Dora Masper

Address,

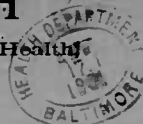
72 E Lombard

Remarks,

1. The City Physician, Surgeon, or other person in charge, who shall fill in, latest of  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, activity, and residence  
of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *12 August*
4. Place of Birth, (Street and Number) *78 Hillen*
5. Full Name of Mother, *Marie Morfe*
6. Mother's Maiden Name, *Casey*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Frank Morfe*
9. Father's Occupation, *Frannmaker*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who  
made this Return *Mrs. Sara Casper*
- Address, *70 E. Lombard*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 12 of Aug
4. Place of Birth, (Street and Number) No. 46 Lawrence St.
5. Full Name of Mother Helen Heidman
6. Mother's Maiden Name Helen Huber
7. Mother's Birthplace Germany
8. Full Name of Father John Huber
9. Father's Occupation Painter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Rev. Christina Lauer
- Address 177 Harper St.
- Remarks 1891



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12th of Aug.*
4. Place of Birth (Street and Number) *Baltimore Washington av 22*
5. Full Name of Mother *Maggie fredericks*
6. Mother's Maiden Name *Maggie Leport*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John frederick*
9. Father's Occupation *Black Smith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kraning*
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *August 12<sup>th</sup> 1881*  
 4. Place of Birth, (Street and Number) *403 West Pratt St.*  
 5. Full Name of Mother, *Cedix Palmer*  
 6. Mother's Maiden Name, *" Grant*  
*(Bavaria) Germany*  
 7. Mother's Birthplace, *Mathias Palmer*  
 8. Full Name of Father, *Restaurant Keeper*  
*Bavaria) Germany*  
 9. Father's Occupation, *Harry Kook*  
 10. Father's Birthplace, *328 South Calver St.*  
 Name of Medical Attendant, or other Person who make this Return  
 Address.  
 Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 12 1881*
4. Place of Birth (Street and Number) *293 McCullough St*
5. Full Name of Mother *Etta Posner*
6. Mother's Maiden Name *Etta Emlich*
7. Mother's Birthplace *Georgia*
8. Full Name of Father *Samuel Posner*
9. Father's Occupation *Merchant*
10. Father's Birthplace *New York City*
- Name of Medical Attendant, or other Person who makes this Return. *A. B. Woodward*
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)... *1st*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race)...
3. Date of Birth, *Aug 18 91*
4. Place of Birth, (Street and Number) *301 S. Green St*
5. Full Name of Mother, *Mattie J. Hether*
6. Mother's Maiden Name, *" Zimmermann*
7. Mother's Birthplace, *Kentucky*
8. Full Name of Father, *Charles H. Hether*
9. Father's Occupation, *Paper Hanger*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Henry A. Allwell*
- Address, *286 Mc Donough St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *August 12 - 1881*
4. Place of Birth, (Street and Number) *N. W. Cor. Fayette & Caroline St.*
5. Full Name of Mother, *Emily Jane Jernett*
6. Mother's Maiden Name, *" Woods*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael A. Jernett*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Names of Medical Attendant, or other Person who make this Return *Chas. A. Allwell*
- Address, *126 E. Enoch st*
- Remarks, .....

THE CITY OF BALTIMORE, MD., DO hereby certify, that the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 12<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

165 Regester Str

5. Full Name of Mother,

Henrietta Tegner

6. Mother's Maiden Name,

Klanig

7. Mother's Birthplace,

America

8. Full Name of Father,

John Tegner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address

# 236 Canton St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

65

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 12, 1888

4. Place of Birth, (Street and Number)

22 Regester St

5. Full Name of Mother,

Barbara Hagelst

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Brown

8. Full Name of Father,

John Hagelst

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Brown

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Smith

Address,

121 N. E. St

Remarks,

## A circular stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "SEP 1 1904" is stamped vertically.

31

3d. etc.) 

Male

Aug 12/81

18/ Franklin

Carrie Symme

Carrie Stein

And

Harry C. Spurre

Insurance Agent.

And

Allen, Mr

W.D.  
J. J. Breese Sh

Remarks,

JOHN B. DIET, PRINTER &amp; STATIONER, BALD.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male -
2. Race or Color (if not of the white race) White
3. Date of Birth Aug-12-81
4. Place of Birth (Street and Number) 554 W. Balto -
5. Full Name of Mother Maria Mason -
6. Mother's Maiden Name Charlesworth
7. Mother's Birthplace England -
8. Full Name of Father Alfred Mason
9. Father's Occupation Architect
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. John J. King M.D.
- Address 215 N. Carrollton st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *Aug 12th 1881*  
 4. Place of Birth (Street and Number) *75 Ais guith st*  
 5. Full Name of Mother *Catherine Stevenson*  
 6. Mother's Maiden Name *Burton*  
 7. Mother's Birthplace *Balto*  
 8. Full Name of Father *Wm H. Stevenson*  
 9. Father's Occupation *machinist*  
 10. Father's Birthplace *Balto*  
 Name of Medical Attendant, or other Person who makes this Return. *Mr B. Bullinger*  
 Address *266 E John st*  
 Remarks

1. At any physician, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug 13, 1881

105 E 1 Biddle

Near Washington

Lizzie Frederick

Arthur

New Orleans

Louis A. Frederick

Painter

Germany

W. White-M.D.

344 Broadway

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119437

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of August 1881
4. Place of Birth, (Street and Number) 334 East Elean. Street
5. Full Name of Mother, Lizzie P. Batchel
6. Mother's Maiden Name, Lizzie P. Wilson
7. Mother's Birthplace, Datto Chester County
8. Full Name of Father, James B. Wilson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Sumnerville, Conn.
- Name of Medical Attendant, or other Person who makes this Return Crescentia A. Smith
- Address, 11 North Chapel Street per Justina Smith
- Remarks, Healthy

Physicians at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13th & of August 1891*
4. Place of Birth, (Street and Number) *501 East McCalister street*
5. Full Name of Mother, *Kate Bottonfield*
6. Mother's Maiden Name, *Kate Kalman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jakob Kalman*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Huschel*
- Address, *11 North Chapel street per Justina Huschel*
- Remarks, *Healthy.*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 13th*
4. Place of Birth, (Street and Number) *Baltimore City No 382 Hoffman St.*
5. Full Name of Mother, *Theresa Klein*
6. Mother's Maiden Name, *" Boll*
7. Mother's Birthplace, *Baden Germany*
8. Full Name of Father, *John R. Klein*
9. Father's Occupation, *Constable*
10. Father's Birthplace, *Neese Darmstadt, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Schleifer*
- Address, *No. 20 Columbia. Ave*
- Remarks,

Notice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown skin*
3. Date of Birth, *Aug the 13*
4. Place of Birth, (Street and Number) *No 16 saratoga st*
5. Full Name of Mother, *Miriam prices*
6. Mother's Maiden Name, *Esther Shore M D*
7. Mother's Birthplace, *Chesley prices*
8. Full Name of Father, *Sailer*
9. Father's Occupation, *Esther Shore M D*
10. Father's Birthplace, *Gloria Annie Webb*
- Name of Medical Attendant, or other Person who makes this Return *William Court 34*
- Address, *William Court 34*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug-13th

4. Place of Birth (Street and Number) 235 Prince St

5. Full Name of Mother McKate Brown

6. Mother's Maiden Name " Devo

7. Mother's Birthplace Balt. City

8. Full Name of Father Randolph Brown

9. Father's Occupation Bus. Agent

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. H F Willard

Address 361 Franklin St

Remarks



I and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 13<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *282 Cross St*
5. Full Name of Mother, *Mary Lee*
6. Mother's Maiden Name, *" Eisman*
7. Mother's Birthplace, *Hesse-Darmstadt Germ*
8. Full Name of Father, *Christ Lee*
9. Father's Occupation, *Piano Maker*
10. Father's Birthplace, *Sachsen Germany*
- Name of Medical Attendant, or other Person who makes this return *Mary Roth*
- Address, *328 South Eutaw St*
- Baltimore*
- Remarks,

office at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13th August 1891*
4. Place of Birth, (Street and Number) *230 Carter St*
5. Full Name of Mother, *Dorothy Henderson*
6. Mother's Maiden Name, *Dorothy Fox*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frederick Henderson*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *112 Patterson Park*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 13 August 1881
4. Place of Birth, (Street and Number) Coates Street 108
5. Full Name of Mother Lodemia Oliver
6. Mother's Maiden Name Lodemia Gaskill
7. Mother's Birthplace North Carolina
8. Full Name of Father Joseph Oliver
9. Father's Occupation Hunter
10. Father's Birthplace Lynchburg Virginia
- Name of Medical Attendant, or other Person who makes this Return. Margaret Oliver
- Address No 13 Lubric Street
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 13th August 1881.
4. Place of Birth, (Street and Number) 70 Boussin street
5. Full Name of Mother Adelaid Reis Schaefer
6. Mother's Maiden Name Adelaid Reis
7. Mother's Birthplace Salzschief Germania
8. Full Name of Father John Schaefer
9. Father's Occupation Baker
10. Father's Birthplace Heppenheim Germania
- Name of Medical Attendant, or other Person who makes this Return. Margie Elbe
- Address No 13 Libbie St
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *August 13-1881*  
4. Place of Birth, (Street and Number) *No. 552 E. Madison St.*  
5. Full Name of Mother, *Mary E. Elliott*  
6. Mother's Maiden Name, *Hatcher*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *John M. Elliott*  
9. Father's Occupation, *Cannemaker*  
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who  
makes this Return

Address, *256 E. Enoch St.*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 13*
4. Place of Birth, (Street and Number) *Truitt st No 27*
5. Full Name of Mother, *Emma Smith*
6. Mother's Maiden Name, *Emma Taylor*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frederick Taylor*
9. Father's Occupation, *Brick Mason*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Harriet Jackson*
- Address, *No 5 Forest st*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

August 13<sup>th</sup> 1881

4. Place of Birth (Street and Number)

113 S Castle St

5. Full Name of Mother

Catherine Altwater

6. Mother's Maiden Name

" Raussemer

7. Mother's Birthplace

City

8. Full Name of Father

George Altwater

9. Father's Occupation

Patron

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Becht

Address

120 Bank St

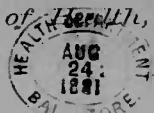
Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *2nd child*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) ..... *colored*
3. Date of Birth, ..... *August 13th*
4. Place of Birth, (Street and Number) ..... *no 38 Lexington St*
5. Full Name of Mother, ..... *Sophia Barney*
6. Mother's Maiden Name, ..... *Sophia Alcone*
7. Mother's Birthplace, ..... *Baltimore*
8. Full Name of Father, ..... *Joseph Barney*
9. Father's Occupation, ..... *laborer*
10. Father's Birthplace, ..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. ..... *Mrs Lydia Porter*
- Address, ..... *no A pat p 100 are nall*
- Remarks, ..... *healthy child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child  
Female.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

S. E. cor. Charles & Barre St.

5. Full Name of Mother,

Lena Kreames,

6. Mother's Maiden Name,

" Graff.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Laurence T. Kreames,

9. Father's Occupation,

Grocer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. M. Webster, Jr.

Address,

57 Barre St.

Remarks,

Reported by

R. J. W. Tall. M.D.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4.  
Male.  
white.  
13. of August.  
319 South Charles.  
Louisa Dorr  
Louisa Beckmann.  
Biedenkopf, German  
Ludwig, William Dorr  
Machinist.  
Biedenkopf, German.  
Karl Friedrich Weim  
11 Lombard St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 13<sup>th</sup> 1888*
4. Place of Birth, (Street and Number) *100 S. Caroline St.*
5. Full Name of Mother, *Lise Elbert*
6. Mother's Maiden Name, *Rug*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Elbert*
9. Father's Occupation, *Tobacco Shipper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. F. C. C. C.*
- Address. *236 Canton St.*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 13<sup>th</sup> 1891*

4. Place of Birth, (Street and Number) *1446 Eastern Ave*

5. Full Name of Mother, *Katherine Horn*

6. Mother's Maiden Name, *Nagel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Horn*

9. Father's Occupation, *Wheelwright*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise C. Kraft*

Address *7236 Canton Ave*

Remarks, \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Aug. 13, 1891
4. Place of Birth, (Street and Number) Baltimore, Md.
5. Full Name of Mother, John J. Jones
6. Mother's Maiden Name, John
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Jones
9. Father's Occupation, Stationer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Jones
- Address, 1014
- Remarks, Dr. J. J. Jones

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *4<sup>th</sup>*  
1. Sex (state whether ~~Male~~ or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *August 13<sup>th</sup> 1881*  
4. Place of Birth (Street and Number) *No. 134 N. Stricker St.*  
5. Full Name of Mother *Mary E. Streets*  
6. Mother's Maiden Name *Baltimore, Maryland*  
7. Mother's Birthplace *J. O. Edmonston*  
8. Full Name of Father *Salesman*  
9. Father's Occupation *Montgomery County, Maryland*  
10. Father's Birthplace *J. P. Ridgely, Hammond, N. D.*  
Name of Medical Attendant, or other Person who makes this Return. *1148 N. Carey St. Balto.*  
Address  
Remarks *Large & Healthy.*

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) C
3. Date of Birth Aug 13 1891
4. Place of Birth, (Street and Number) Carrollton S. Warren
5. Full Name of Mother Rebecca Marshall
6. Mother's Maiden Name Rebecca Parker
7. Mother's Birthplace Pa
8. Full Name of Father John Marshall
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other person who makes this return. H. S. Turner M.D.
- Address 25 Franklin
- Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

Aug. 14<sup>th</sup> 81

315 Brown St

Augusta Strauss

Kane

Germany

Albert Strauss

Clerk.

Germany

J. Schwaesser midwife  
330 Hanover St.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar at least within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the mother's physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th August 1888*
4. Place of Birth, (Street and Number) *264 North Ave St*
5. Full Name of Mother, *Mary Anne Whiting*
6. Mother's Maiden Name, *Ballance*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edmund Whiting*
9. Father's Occupation, *House Carpenter*
10. Father's Birthplace, *Caracas South America*
- Name of Medical Attendant, or other Person who makes the Return *Dr J. B. Johnson*
- Address, *228 N. Franklin St*
- Remarks, *a fine robust child*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 August

4. Place of Birth, (Street and Number)

7 Watson Court

5. Full Name of Mother,

Julia Repson

6. Mother's Maiden Name,

Margentoth

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Will Repson

9. Father's Occupation,

clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Park Barber

Address,

72 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug 14*

4. Place of Birth (Street and Number) *279 Light St*

5. Full Name of Mother *Cora Lewis*

6. Mother's Maiden Name *Boyer*

7. Mother's Birthplace *Mo. Lewis*

8. Full Name of Father *Wm. Lewis*

9. Father's Occupation *Solicitor*

10. Father's Birthplace *Mo.*

Name of Medical Attendant, or other Person who makes this Return. *W. P. Ellis*

Address *313 Light St*

Remarks

"That any physician, seconductor, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 14<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *116 Sharp St*

5. Full Name of Mother, *Adeline Brady*

6. Mother's Maiden Name, *Adeline Bellahie*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Naug. M. Brady*

9. Father's Occupation, *Commercial Traveller*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return *Thos. J. Cooke M.D.*

Address, *146 Hanover St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 14 1881
4. Place of Birth, (Street and Number) 2, 24 North Broadway
5. Full Name of Mother Mary H Schamm
6. Mother's Maiden Name Mary E Engelhardt
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lewis A Schamm
9. Father's Occupation Tobacco Salesman
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Armanda Marine
- Address 378 East Monument St
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 14<sup>th</sup>
4. Place of Birth, (Street and Number) No 57 Eastern ave
5. Full Name of Mother, Helena Piper
6. Mother's Maiden Name, Schellstedt
7. Mother's Birthplace, Germany
8. Full Name of Father, August Piper
9. Father's Occupation, Tavern keeper
10. Father's Birthplace, Germany
- Name of Medical Attendant, Sophia Simon  
or other Person who makes this Return
- Address, No 76 Grand St
- Remarks, \_\_\_\_\_

Persons may be liable for a fine if they fail to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

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To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *August 14th 1861*
4. Place of Birth, (Street and Number) *No 22 N. East St. Baltimore Md.*
5. Full Name of Mother, *Mary Agnes Michael*
6. Mother's Maiden Name, *David*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William Joseph Caleb Michael*
9. Father's Occupation, *Ship Broker & Commission Merchant*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who make this Return. *Robert W. Remond*
- Address, *No 22 N. East St. Baltimore Md.*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 - 6-14*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14th August 1881*

4. Place of Birth, (Street and Number) *5 Federal St*

5. Full Name of Mother, *Lizzie Shilling*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred Shilling*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Ruth Ubrig*

Address, *48 Holland St*

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *14 of August*

4. Place of Birth, (Street and Number) *124 Starling St*

5. Full Name of Mother, *Alberta Boren*

6. Mother's Maiden Name, *Jones*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Boren*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Madame Kelling*

Address, *48 Holland St*

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 Aug 1881*

4. Place of Birth, (Street and Number) *# 9 Anna St.*

5. Full Name of Mother, *Dora Baer*

6. Mother's Maiden Name, *" Closs*

7. Mother's Birthplace, *Wuerttemberg Germany*

8. Full Name of Father, *Michael D. Baer*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bavaria Germany*

Name of Medical Attendant, or other Person who makes this Return *Maybrook*

Address, *328 South Eutaw St.*

Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female).

Male  
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 14 1887

4. Place of Birth, (Street and Number)

92 South St

5. Full Name of Mother,

Terresa Gorman

6. Mother's Maiden Name,

" Summer

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Jas. Gorman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

D. B. W. Mansfield

Address,

117 S. Broadway

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second one*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Child*
3. Date of Birth, *14<sup>th</sup> Day of August*
4. Place of Birth, (Street and Number) *Baltimore No 311 Bank St. near Fort*
5. Full Name of Mother, *Sophia Breitshardt*
6. Mother's Maiden Name, *Sophia Bohmermann*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *George Henry Breitshardt*
9. Father's Occupation, *Balcksmith*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Miller*
- Address, *1016 Sutterworth Court near*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... Five  
1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race)..... African  
3. Date of Birth,..... July 14<sup>th</sup> 1881  
4. Place of Birth, (Street and Number)..... # 37 King Street  
5. Full Name of Mother,..... Mary Pratt  
6. Mother's Maiden Name,..... Mary Brown  
7. Mother's Birthplace,..... Rochester Co. Md.  
8. Full Name of Father,..... John Pratt  
9. Father's Occupation,..... Horse-carrier  
10. Father's Birthplace,..... Baltimore City  
Name of Medical Attendant, or other Person who makes this Return..... Mrs. Ann Caruth (Call)  
Address,..... # 34 Bayd Street  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or cause to be delivered, any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... Ireland
3. Date of Birth,..... August 14 1881
4. Place of Birth, (Street and Number)..... Chemist St. No 7
5. Full Name of Mother,..... Mary Tohore
6. Mother's Maiden Name,..... Mary Rose
7. Mother's Birthplace,..... Cambridge
8. Full Name of Father,..... Philip Tohore
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return...... Harriet Jackson
- Address,..... No 5 Forest St
- Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sunday 14<sup>th</sup> 3. C. Clock. A. M.
4. Place of Birth, (Street and Number) No 4 Chestnut St.
5. Full Name of Mother Augustine Francis
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father Mr. Hall
9. Father's Occupation No Occupation Ad. Not under Age
10. Father's Birthplace Baltimore M. d.
- Name of Medical Attendant, or other Person who makes this Return. Miss Anna Campbell
- Address \_\_\_\_\_
- Remarks one smaller 9

That any physician, accoucheur, midwife, or other person in charge, who shall receive, at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 14<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *293 Mc Donogh St.*
5. Full Name of Mother *Susanna E. Baker*
6. Mother's Maiden Name *" Riley*
7. Mother's Birthplace *City*
8. Full Name of Father *Edward F. Baker*
9. Father's Occupation *Manufacturer of Gas Meters*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other person who makes this Return. *E. B. Fenby*
- Address *319 N. Central Ave.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug 25 1901*
4. Place of Birth, (Street and Number) *S. E. corner Madison & Spring St.*
5. Full Name of Mother, *Bridget Linnell*
6. Mother's Maiden Name, *McIntire*
7. Mother's Birthplace, *reland*
8. Full Name of Father, *John Linnell*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Edward J. M. M. M.*
- Address, *109 S. Calver St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11th male

white

aug 14

67 South madison al

maggie Sheck

maggie brown

naikinbargel

edward cherk

laborer

beraria

Blair Burton

59 S. madison al

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14 - 1881

4. Place of Birth, (Street and Number)

68 S. Euterer St

5. Full Name of Mother,

Laura V. Stalport

6. Mother's Maiden Name,

Laura V. Robinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Stalport Jr

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Dr. H. C. Meyer

Address

121 W. Chesapeake St

Remarks,

and rise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

GIVEN NAME ADDED 9-10-53  
BALTIMORE CITY

Name: *Hellie Scott Shackelford*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*first*

1. Sex, (state whether male or female).

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth, ...

*14th Aug. 1881*

4. Place of Birth, (Street and Number)

*56 S. Collington Ave.*

5. Full Name of Mother,

*Fanny Lee Shackelford*

6. Mother's Maiden Name,

*Scott*

7. Mother's Birthplace,

*Talbot Co. Md.*

8. Full Name of Father,

*Edgar Shackelford*

9. Father's Occupation,

*Machinist*

10. Father's Birthplace,

*N. Carolina*

Name of Medical Attendant, or other Person who makes this Return.

*C. P. Cross M.D.*

Address,

*275 E. Balto. St.*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 14th. 1881*
4. Place of Birth, (Street and Number) *No. 23. N. Wolf St.*
5. Full Name of Mother, *Kate Gare*
6. Mother's Maiden Name, *Kate Schmidt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert Ward*
9. Father's Occupation, *Master*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs M. A. Butt*
- Address, *1018 S. E. cor Central av. & Monument St.*
- Remarks, *All Well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- Name: *Mary Blanche Patterson* *Jun*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *Feb 14, 87*
4. Place of Birth (Street and Number) *30 Clarke St*
5. Full Name of Mother *Louisa Franklin M. Patterson*
6. Mother's Maiden Name *Graham*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Geo. W. Patterson*
9. Father's Occupation *Iron Co*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. Inselman*
- Address *349 Kent*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, ~~4th~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 14<sup>th</sup> August 1881.

4. Place of Birth, (Street and Number). Edmondson Ave & Kirby's Lane

5. Full Name of Mother, Mary W. Wilson

6. Mother's Maiden Name, Wade

7. Mother's Birthplace, Virginia

8. Full Name of Father, Jno Appleton Wilson

9. Father's Occupation, Architect

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H. Lupton  
# 1 Waverley Terrace



I am any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 14 1881*
4. Place of Birth, (Street and Number) *12 S. Centre*
5. Full Name of Mother, *Alice Smith*
6. Mother's Maiden Name, *McWilliams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Watch Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Smith*
- Address, *1111 N. Broadway*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Irish*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, \_\_\_\_\_
4. Place of Birth, (Street and Number) *111 W. Lombard St. Maternity Hospital*
5. Full Name of Mother, *Agnes White*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Frederick Md*
8. Full Name of Father, *Unknown*
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, *G. & C. Murphy N.Y.*
- Name of Medical Attendant, or other Person who makes this Return *111 W. Lombard St*
- Address, *City*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 15, 1901*
4. Place of Birth, (Street and Number) *W. 12<sup>th</sup> St. 206*
5. Full Name of Mother, *Lizzie Madritch*
6. Mother's Maiden Name, *Lizzie Kraft*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Madritch*
9. Father's Occupation, *Trunk maker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *May E. Keller*

Address *1. E. Allen St. 206*

Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 15, 1881*
4. Place of Birth, (Street and Number) *Harmon St. No. 46*
5. Full Name of Mother, *Katie Witzgall*
6. Mother's Maiden Name, *Katie Gutzgore*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Adam Witzgall*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *Henry E. Miller*

Address *1001 N. E. St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 49276

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex: (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 297 Orleans St.
5. Full Name of Mother Henrietta J. Severe
6. Mother's Maiden Name " " Harris
7. Mother's Birthplace Washington, D.C.
8. Full Name of Father Wm T Severe
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this return. Dr. C. A. Smith
- Address 2 N Broadway
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (~~state whether 1st, 2d, 3d, etc.~~)
1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, August 15 1881.
4. Place of Birth, (Street and Number) 85 East Fayette St
5. Full Name of Mother, Hermita Solomon
6. Mother's Maiden Name, Berlesner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Solomon
9. Father's Occupation, Keeps People's Clothing House, 12 Gay St
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, A. S. Shortzems, & J. R. Andre  
Address, 121 S. Baltimore St
- Remarks, Child very large, Had great difficulty to deliver it, saved it alive - & got well paid. - A. S. Shortzems.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth.  
Female.*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Aug 15<sup>th</sup> 1881.*

4. Place of Birth, (Street and Number)

*47 Little Montgomery St.*

5. Full Name of Mother,

*Mary C Shirley*

6. Mother's Maiden Name,

*Mary C Hobbs*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Wm H. Shirley.*

9. Father's Occupation,

*Labourer*

10. Father's Birthplace,

*Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return

*Alfred M. Belt, M.D.*

Address,

*N.W. Cor, St Paul & Madison Sts.*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13 4 1892
4. Place of Birth, (Street and Number) 76 North St.
5. Full Name of Mother, Mary Stinner
6. Mother's Maiden Name, Mrs. Koch
7. Mother's Birthplace, Germany
8. Full Name of Father, Just Stinner
9. Father's Occupation, Seaman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 1212 1/2 St

Remarks, See



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15 1891

4. Place of Birth, (Street and Number) 16 Biddle St.

5. Full Name of Mother, Julia Bollinger

6. Mother's Maiden Name, Julia Piller

7. Mother's Birthplace, America

8. Full Name of Father, James Bollinger

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary A. ...

Address, 1611 N. ... St.

Remarks, ...

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

10d  
Male

White

August 15, 1901

218 S. Charles

Kate Gernung

Kate Selne

Gernung

Henry L. Gernung

Wm. Henry Storo

Germany

Theodore Cooke M.D.

146 N. Anne

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 15th*
4. Place of Birth, (Street and Number) *No 91 Granby*
5. Full Name of Mother, *Helena Klee*
6. Mother's Maiden Name, *Rohlfink*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Chas Henry Klee*
9. Father's Occupation, *Labor work*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who make this Return *Sophia Simon*
- Address, *No 10 Granby St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth Born on the 15th of August 1881

4. Place of Birth, (Street and Number) 86 Union St.

5. Full Name of Mother Mrs. Beren

6. Mother's Maiden Name Riche Meyer

7. Mother's Birthplace Born in Wunsiedelberg Germany

8. Full Name of Father John Barr

9. Father's Occupation Frankie Worker

10. Father's Birthplace Born in Wunsiedelberg Germany

Name of Medical Attendant, or other Person who makes this Return. M. Miller

Address 1017 W. Baltimore St.

Remarks \_\_\_\_\_

\* That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

11, 914-821

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 12 of August 1881  
 4. Place of Birth, (Street and Number) 7 N. of St  
 5. Full Name of Mother, Maggie Weaver  
 6. Mother's Maiden Name, Coleman  
 7. Mother's Birthplace, Wittenberg  
 8. Full Name of Father, Geo. Weaver  
 9. Father's Occupation, Brass Knapper  
 10. Father's Birthplace, Wittenberg  
 Name of Medical Attendant, or other Person who make this Return, M. Williams M.D.  
 Address, 45 H. of St  
 Baltimore Md  
 Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 15 1891
4. Place of Birth, (Street and Number) 69 Waver St
5. Full Name of Mother, Virginia Thompson
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Columbus Thompson
9. Father's Occupation, Laborer
10. Father's Birthplace, West River N.C.
- Name of Medical Attendant, or other Person who makes this Return, Delia H. Small
- Address, 71 Broadway, Md.
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 15<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Cor. Chas. Ed. Fremont Sts.*

5. Full Name of Mother, *Lizzie Bregenzel*

6. Mother's Maiden Name, *Klein Schmidt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Bregenzel*

9. Father's Occupation, *Upoliter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Mary Koch*

Address *328 South Eutaw St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



1911 87  
5 Child

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female) female  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august 15  
4. Place of Birth (Street and Number) 391 Rabborg st.  
5. Full Name of Mother Jane Shepperd  
6. Mother's Maiden Name Roy  
7. Mother's Birthplace anapolis Md.  
8. Full Name of Father John Shepperd  
9. Father's Occupation porter  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish  
Address 445 Saratoga st  
Remarks the child is still alive



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth,  
Single  
White.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

No. 76 Rose Street August 15<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

No. 76 Rose Street.

5. Full Name of Mother,

Emma Haas

6. Mother's Maiden Name,

Emma Hornbough.

7. Mother's Birthplace, ....

Pennsylvania.

8. Full Name of Father.

Frances Haas.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Harrell.

Address,

No. 65 Burke St.

Remarks,

"That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *August 15<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *318 Franklin St.*
5. Full Name of Mother, *Mary E. Buckley.*
6. Mother's Maiden Name, *Mary E. McNeeldin.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *David J. Buckley.*
9. Father's Occupation, *Agent. Balt. City R R Co.*
10. Father's Birthplace, *Washington D.C.*
- Name of Medical Attendant, (or other Person who makes this Return.) *J. Shaw Pennington M.D.*
- Address, *134 N. Carrollton Ave.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether male or female) *1 boy 2 girls and 3 girl*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *15 May of August*
4. Place of Birth (Street and Number) *Cross Street No 65*
5. Full Name of Mother *Mrs Margaret Lowery*
6. Mother's Maiden Name *Margrett Hamner*
7. Mother's Birthplace *Europe*
8. Full Name of Father *Mr George Alexander Lowery*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2<sup>d</sup>
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Aug 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... 304 Forest St.
5. Full Name of Mother, ..... Mary E. Cridlie
6. Mother's Maiden Name, ..... Mary E. Giesche
7. Mother's Birthplace, ..... Balto.
8. Full Name of Father, ..... George Cridlie
9. Father's Occupation, ..... Coach Parolier
10. Father's Birthplace, ..... Balto.
- Name of Medical Attendant, or other Person who makes this Return ..... Elias M. Hunter M.D.
- Address, ..... 36 Greenmount Ave.
- Remarks, .....

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Aug. 15th 81*
4. Place of Birth, (Street and Number) *N. E. 297 Hanover St.*
5. Full Name of Mother, *Sophie Mikert*
6. Mother's Maiden Name, *Siebo*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Frank Mikert*
9. Father's Occupation, *Candy maker*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *J. Lohgasser midwife*
- Address, *330 Hanover St.*
- Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Jessie Caulea Roberson*  
1. Sex (state whether ~~Male~~ or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 15 89*  
4. Place of Birth (Street and Number) *237 W. Carey St*  
5. Full Name of Mother *Jessie Caulea Roberson*  
6. Mother's Maiden Name *Caulea*  
7. Mother's Birthplace *Balt*  
8. Full Name of Father *Edwin*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Balt*  
Name of Medical Attendant, or other Person who makes this Return. *J J Caldwell*  
Address  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Aug. 15th 1881*
4. Place of Birth (Street and Number) *No. 60 - Oxford St.*
5. Full Name of Mother *Laura Wilson*
6. Mother's Maiden Name *Laura Goggins*
7. Mother's Birthplace *Columbia S.C.*
8. Full Name of Father *Jerome Wilson*
9. Father's Occupation *Messenger at B & O. R.R. Station*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner*
- Address *120 N. Greene St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

August 15<sup>th</sup> 1881

4. Place of Birth (Street and Number)

414 Baylors Ave

5. Full Name of Mother

Catherine Deyl

6. Mother's Maiden Name

Welsh

7. Mother's Birthplace

Germany

8. Full Name of Father

Michael Deyl

9. Father's Occupation

Brick Layer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bety

Address

120 Bank St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49496

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ..

15<sup>th</sup> August

4. Place of Birth, (Street and Number)

306 Lancaster street

5. Full Name of Mother,

Mary Ellenore Schaefflin

6. Mother's Maiden Name,

Mary Ellenore Weber

7. Mother's Birthplace,

Barbara Germany

8. Full Name of Father,

Jacob Schaefflin

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Baden Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs. Sarah Sallins

Address,

104 Curley street conton

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 15 - 1897*

4. Place of Birth (Street and Number) *46 S. Caroline*

5. Full Name of Mother *Agnes May Krauss*

6. Mother's Maiden Name *" " Mical*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Albert Krauss*

9. Father's Occupation *Harmon Manufacturing*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *George H. Mical*

Address *22 E. Calvert Monument*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15 1898
4. Place of Birth, (Street and Number) Franklin St No 37
5. Full Name of Mother, Mary Jane Campbell
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Campbell
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Smith
- Address, 1234 Franklin St
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10 1891
4. Place of Birth, (Street and Number) 120 North St.
5. Full Name of Mother, Rebecca Lucas
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Virginia, America
8. Full Name of Father, James Lucas
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia, America
- Name of Medical Attendant, or other Person who makes this Return William Thomas
- Address, 120 North St.
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored Grand Person

3. Date of Birth

Aug 16<sup>th</sup> 2. A.M.

4. Place of Birth (Street and Number)

1512 Raborg St

5. Full Name of Mother

Elizabeth B. Bays

6. Mother's Maiden Name

Simmons

7. Mother's Birthplace

Norfolk Va

8. Full Name of Father

Beddaway Bays

9. Father's Occupation

Mariner

10. Father's Birthplace

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Elvira Harris

Address

No 2 Mulberry Street

Remarks

A fine healthy strong child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 16<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *26 N. Spring St*
5. Full Name of Mother *Maggie Jane Biggs*
6. Mother's Maiden Name *Retzsch*
7. Mother's Birthplace *York County Pa.*
8. Full Name of Father *John Biggs*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt. City Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*105 N. Central Avenue*

*Francis A. Jones M.D.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 16th 1881*
4. Place of Birth, (Street and Number) *No 712 St. Fayette St. Baltimore Md.*
5. Full Name of Mother, *Mary Rose McDaniel*
6. Mother's Maiden Name, *Stoner*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Henry McDaniel*
9. Father's Occupation, *Cord Wire Spinner*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. R. M. Wendt, Secy.*
- Address, *No 215 St. Lawrence*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Aug. 16<sup>th</sup> 1891*

4. Place of Birth (Street and Number) *31 Rose St.*

5. Full Name of Mother *Laura Dorsey*

6. Mother's Maiden Name *Walrus*

7. Mother's Birthplace *Baltimore Co. Md*

8. Full Name of Father *Alfred Dorsey*

9. Father's Occupation *Wagon Driver for C. A. Gamble*

10. Father's Birthplace *Frederick Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Lindsay M.D.*

Address *157 Park Ave*

Remarks *Premature Birth - at about 6 1/2 months*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 16<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *# 565 Hammer St*
5. Full Name of Mother, *Mary Adams*
6. Mother's Maiden Name, *" Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Theodore Adams*
9. Father's Occupation, *French Polisher*
10. Father's Birthplace, *Richmond Va*
- Name of Medical Attendant, or other Person who makes this return *Mary Koch*
- Address, *328 South Eutar St*
- Remarks, *Balt.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 16th*

4. Place of Birth (Street and Number) *35 - Wasche St*

5. Full Name of Mother *Minnie M. Wehrenberg*

6. Mother's Maiden Name *Sitting*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Frederic Wm Wehrenberg*

9. Father's Occupation *Box-maker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *H. F. Hillman*

Address *361 Franklin St*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49506

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *August 16 1881*
4. Place of Birth, (Street and Number) *108 Madener St*
5. Full Name of Mother,
6. Mother's Maiden Name, *Eliza Brooks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this return *Lucinder Woolford*
- Address, *138 N Register*
- Remarks, *No Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49507

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *379 Canton 16 of August*
4. Place of Birth, (Street and Number) *319 Canton St*
5. Full Name of Mother, *Elizabeth Martini*
6. Mother's Maiden Name, *Zimmerman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Albert Martini*
9. Father's Occupation, *Saloon*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Litley*
- Address, *No 16 Patterson Place Etc*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49508

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 16 1881

4. Place of Birth, (Street and Number) 814 2 Leavitt St

5. Full Name of Mother, Virginia E. Burton

6. Mother's Maiden Name, W. E. Lewis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Purdie

9. Father's Occupation, Captain

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Dr. W. H. H. H. H. H.

Address. 812 1 W. H. H. H. H.

Remarks, \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 August

4. Place of Birth, (Street and Number)

3 Front St

5. Full Name of Mother,

Kath. Train

6. Mother's Maiden Name,

Berri

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Robert Train

9. Father's Occupation,

Workman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this return

Mrs. Para Leister

Address,

72 E. Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49510

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 16 August
4. Place of Birth, (Street and Number) Chester Street No 26
5. Full Name of Mother Mari Becke
6. Mother's Maiden Name 111 Müller
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Becke
9. Father's Occupation Drecker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Bank Street No 123
- Address
- Remarks Mrs. Maurer

"That any physician, accoucheur, midwife, or other person in charge who may attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child  
Male  
White

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

August 16. 1881

4. Place of Birth, (Street and Number) .....

18. Bevan Street

5. Full Name of Mother, .....

Maggie Thrawl

6. Mother's Maiden Name, .....

Maggie Truhelman

7. Mother's Birthplace, .....

Baltimore Md.

8. Full Name of Father, .....

Henry B. Baugh

9. Father's Occupation, .....

Clerk.

10. Father's Birthplace, .....

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Chr. Münch

Address, .....

1. Seashell St. Balt.

Remarks, .....



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *16th August*
4. Place of Birth, (Street and Number) *3 Claremont*
5. Full Name of Mother, *Josephine Johnson*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Johnson*
9. Father's Occupation, *Cyber Shucker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Amelina Wilson*
- Address, *214 Warner St*
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,

August 16, 1881

Gay & Point Lane

Louisa Hahn

" Widenmann

Germany

Charles Hahn

Engraver

Germany

W. H. White, M.D.

317 Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16 1881
4. Place of Birth, (Street and Number) 150 Sandtown R.
5. Full Name of Mother, Kate Murray
6. Mother's Maiden Name, Woman
7. Mother's Birthplace, Ireland
8. Full Name of Father, Richard Murray
9. Father's Occupation, Livery Stable
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return Marbury Brown M.D.
- Address, 65 N. Calvert St.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

August 17, 1888.

4. Place of Birth, (Street and Number)

149 1/2 N. Carey St.

5. Full Name of Mother,

Anna D. Force.

6. Mother's Maiden Name,

Anna B. Smeary.

7. Mother's Birthplace,

Hagerstown, Md.

8. Full Name of Father,

C. C. Force.

9. Father's Occupation,

Jeweler.

10. Father's Birthplace,

Hagerstown, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. P. Powell, M.D.

Address,

227 Cambridge Ave.

Remarks,

Child small but healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 12<sup>th</sup> 1892

4. Place of Birth, (Street and Number) 376 Calverton Street

5. Full Name of Mother, Maggie Quady

6. Mother's Maiden Name, Maggie Quady

7. Mother's Birthplace, Germany

8. Full Name of Father, Will Quady

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 127 S. 1<sup>st</sup> St.

Remarks, c/o

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Wm*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 17<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *224 South Sharp St*

5. Full Name of Mother, *Nathalia Erb*

6. Mother's Maiden Name, *Wentzel*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Henry Erb*

9. Father's Occupation, *Saloon Keeper*

10. Father's Birthplace, *Sachsen Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Roth*

Address *328 South Eutar St*

Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 17<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *742 W. Baltimore St*
5. Full Name of Mother, *Christina Heller*
6. Mother's Maiden Name, *Christina Heller*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph C. Heller*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cooker M.D.*
- Address, *146 N. Avenue St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 August
4. Place of Birth, (Street and Number) 282 E. Con St.
5. Full Name of Mother, Maria Mann
6. Mother's Maiden Name, Hinkle
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Wm. Mann
9. Father's Occupation, Wear Paper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return J. W. H. Hinkle
- Address, 282 E. Con St.
- Remarks, \_\_\_\_\_





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

five  
female

17. August

Entaw St. No. 213

Mary Berne

Mary Trimmer

Baltimore

Daniel Trimmer

Restaurant

Baltimore

Mrs. H. Schleifer

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 17<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore City, No. 15
5. Full Name of Mother Julia McElvin
6. Mother's Maiden Name Farley
7. Mother's Birthplace Baltimore
8. Full Name of Father J. McElvin
9. Father's Occupation Seabarer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell
- Address No. 8 Park St.
- Remarks \_\_\_\_\_

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *August 17, 1881*
3. Date of Birth, *August 17, 1881*
4. Place of Birth, (Street and Number) *Baltimore City, Ridgely St., 99*
5. Full Name of Mother, *Mrs. Emma Demaree*
6. Mother's Maiden Name, *M. S. Emma Belt*
7. Mother's Birthplace, *Calver County*
8. Full Name of Father, *John T. Demaree*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Calver County*
- Name of Medical Attendant, or other Person who makes this Return *James M. Shaffer*
- Address, *114 Ridgely St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 49533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 11<sup>th</sup>
4. Place of Birth, (Street and Number) Lambard St 822
5. Full Name of Mother Mary Riggs
6. Mother's Maiden Name Mary Fox
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Riggs
9. Father's Occupation Salver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherin Doll
- Address 57 Bank St
- Remarks \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - *Carroll st. 1st*
1. Sex, (state whether male or female) - *male son first*
2. Race or Color, (if not of the white race) - *color*
3. Date of Birth, - *August 18*
4. Place of Birth, (Street and Number) - *Carroll st. 1st*
5. Full Name of Mother, - *Jimmy Smith*
6. Mother's Maiden Name, - *Jimmy Smith*
7. Mother's Birthplace, - *Calvert County Md*
8. Full Name of Father, - *got none*
9. Father's Occupation, - *got none*
10. Father's Birthplace, - *got none*
- Name of Medical Attendant, or other Person who makes this Return. - *Shelley Procter midwife*
- Address, - *Calton st 1st*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Tenth (10)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 17th 1881*
4. Place of Birth (Street and Number) *299 M & Elden St.*
5. Full Name of Mother *Mary Emma Parsons*
6. Mother's Maiden Name *Dorbold*
7. Mother's Birthplace *Baltimore Co.*
8. Full Name of Father *Wm. Henry Parsons*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. B. Guever, M.D.*
- Address *325 M & Elden St.*
- Remarks

That any physician, accoucheur, midwife, or other person making a return, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return,.....
- Address,.....
- Remarks,.....

That any Physician, accoucheur, midwife, or other person who makes this return, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 18, 1891*
4. Place of Birth, (Street and Number) *S. Bond St. No. 256*
5. Full Name of Mother, *Katharine Gerschmidt*
6. Mother's Maiden Name, *Katharine Gross*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Gerschmidt*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Maty, C. Miller*

Address, *S. Dallas St. No. 26*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 18, 1881.*
4. Place of Birth, (Street and Number) *E. Broadway. 19. 121.*
5. Full Name of Mother, *Christine Ludolph*
6. Mother's Maiden Name, *Christine Gackler*
7. Mother's Birthplace, *Ellen. K. Sachsen. Germany.*
8. Full Name of Father, *Justus Ludolph*
9. Father's Occupation, *Dealer in China wares.*
10. Father's Birthplace, *Ellen. K. Sachsen. Germany.*

Name of Medical Attendant, or other Person who makes this Return

Address, *11 Davis St. 14. 26*

Remarks, \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th August*
4. Place of Birth, (Street and Number) *19 Cassin St*
5. Full Name of Mother, *Mary City*
6. Mother's Maiden Name, *Babin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John City*
9. Father's Occupation, *Salter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. City*
- Address, *12 1/2 Calverton Park Ave*
- Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5-

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

aug 17th 1881

4. Place of Birth (Street and Number)

389 Division St

5. Full Name of Mother

M. W. Price

6. Mother's Maiden Name

M. V. Shea

7. Mother's Birthplace

Porto Rico

8. Full Name of Father

Henry Price

9. Father's Occupation

Carver

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. K. Smith  
201 Laurel St

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 17<sup>th</sup> Aug 1881
4. Place of Birth, (Street and Number) 2 Warrick
5. Full Name of Mother Mary Kane
6. Mother's Maiden Name Gleeson
7. Mother's Birthplace Ireland
8. Full Name of Father John Kane
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other person who makes this Return. Dr. Isaac H. W. Phelps
- Address 57 Bane
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

119533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

1/2

2. Race or Color, (if not of the white race)

3. Date of Birth

17th Aug 11 1891

4. Place of Birth, (Street and Number)

726 Lexington St

5. Full Name of Mother

Fanny Griffith

6. Mother's Maiden Name

James Stevens

7. Mother's Birthplace

Dorchester Co Mass

8. Full Name of Father

Augustus Griffith

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

H W Nelson

Address

57 Bancroft

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Wednesday, August 17th. 1881  
4. Place of Birth (Street and Number) 116 E. Eager St.  
5. Full Name of Mother Clara Cold  
6. Mother's Maiden Name Clara Stanford  
7. Mother's Birthplace Baltimore Md.  
8. Full Name of Father Edgar Cold  
9. Father's Occupation Police Officer  
10. Father's Birthplace Alexandria Va.  
Name of Medical Attendant, or other Person who makes this Return. William Brewster M.D.  
Address 20 1/2 Greenmount Ave.  
Remarks "Very Pleasant"

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Aug. 17<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *249 S. Charles Street*
5. Full Name of Mother, *Berhardina Basse*
6. Mother's Maiden Name, *do. — Koop*
7. Mother's Birthplace, *Bersenbrück Germany*
8. Full Name of Father, *Joseph Basse*
9. Father's Occupation, *Sawyer*
10. Father's Birthplace, *Sax. Hanover*
- Name of Medical Attendant, or other Person who makes this Return *Dr. William Henry*
- Address, *1 Lombard Street*
- Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *August 1881*
3. Date of Birth, *#69 Dallas*
4. Place of Birth, (Street and Number) *Martha Benjamin*
5. Full Name of Mother, *Brown*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Charles Benjamin*
8. Full Name of Father, *Painter*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Mrs Louise Craft*
- Name of Medical Attendant, or other Person who makes this Return *#236 Canton St*
- Address,
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 1st*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 17th 1888*  
4. Place of Birth, (Street and Number) *Maternity Hospital 16/10 Lombard St*  
5. Full Name of Mother, *Mary Wilson*  
6. Mother's Maiden Name, *"Batts" md*  
7. Mother's Birthplace, *Unknown*  
8. Full Name of Father, *Unknown*  
9. Father's Occupation, *Unknown*  
10. Father's Birthplace, *Unknown*  
Name of Medical Attendant, *G. D. Thompson M.D.*  
or other Person who makes this Return  
Address, *16/10 Lombard St - Maternity Hospital*  
Remarks, *Illegitimate*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17<sup>th</sup> 1891
4. Place of Birth, (Street and Number) Albemarle St Baltimore
5. Full Name of Mother, Constance Jaska Klie
6. Mother's Maiden Name, Constance Jaska
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Klie
9. Father's Occupation, Laber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary H. Seim
- Address, 171 N. Washington St
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 18th 1881*
4. Place of Birth, (Street and Number) *As Lombard St Maternity Hospital*
5. Full Name of Mother, *Lena Kullen*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *" "*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *" "*
10. Father's Birthplace, *G. Cornpton M. N.*
- Name of Medical Attendant, or other Person who makes this Return *As Lombard St*
- Address, *Hygiene*
- Remarks, *Hygiene*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 18<sup>th</sup> August 1881.

4. Place of Birth (Street and Number) 146 Howard St.

5. Full Name of Mother Mary Mc Kernan

6. Mother's Maiden Name Mary Hawkins

7. Mother's Birthplace Baltimore

8. Full Name of Father John Mc Kernan

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo. J. Collins M.D.  
Park Ave. & Richmond St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth August 16<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 43 West at Street
5. Full Name of Mother Mary Jones
6. Mother's Maiden Name Mary Thomas
7. Mother's Birthplace Ireland
8. Full Name of Father James Thomas
9. Father's Occupation Police
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Thos. Garrett
- Address 4 Calhoun Street
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 18 1888*
4. Place of Birth, (Street and Number) *50 Portland St (Portland)*
5. Full Name of Mother, *Mariam Abram*
6. Mother's Maiden Name, *Mariam Samuels*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Isaac Abram*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return *Theodor Cook, MD*
- Address *146 Hanover St*
- Remarks

Notice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, No 106 Bergundy Alley
4. Place of Birth, (Street and Number) Aug. 11<sup>th</sup> 1881
5. Full Name of Mother, Cornelia Wilson
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, William Wilson
9. Father's Occupation, Carver
10. Father's Birthplace, Calvert County Md
- Name of Medical Attendant, Taborah Thomas  
or other Person who makes this Return.
- Address, 71 Bergundy Alley
- Remarks, \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 18 1881
4. Place of Birth, (Street and Number) 100 Port Ave
5. Full Name of Mother Johanna Kipple
6. Mother's Maiden Name Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John W. Kipple
9. Father's Occupation Grocery
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18<sup>th</sup> August 1881

4. Place of Birth, (Street and Number) Balto. Washington st No 69

5. Full Name of Mother, Mary Peter

6. Mother's Maiden Name, Mary Dlouha

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Peter

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 69 N. Washington st

Remarks,

Mary Peter

and any physician, accoucher, midwife, or other person in charge, who may attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119546

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18<sup>th</sup> August 1881

4. Place of Birth, (Street and Number)

Baltimore - Fayette st No 277

5. Full Name of Mother,

Elizabeth Sheiman

6. Mother's Maiden Name,

Sheiman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fritz Sheiman

9. Father's Occupation,

Barrelmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mary Shapiro

Address,

69 Washington st

Remarks,

Mary Shapiro

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Aug. 18<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No. 97 - Moore al.*
5. Full Name of Mother *Mary Gordon*
6. Mother's Maiden Name *Mary Wallace*
7. Mother's Birthplace *Balto. County*
8. Full Name of Father *Alfred Gordon*
9. Father's Occupation *Messenger*
10. Father's Birthplace *Balto. City*
- Name of Medical Attendant, or other Person who made this Return. *F. B. Gardner*
- Address *120 N. Greene St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *August 18 76*
4. Place of Birth, (Street and Number) *W. E. Kelley*
5. Full Name of Mother, *Mary Alice Moore*
6. Mother's Maiden Name, *Mary Alice Max*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Moore*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Lydia Porter*
- Address, *no 4 Patterson Avenue*
- Remarks, *healthy child*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 18 August
4. Place of Birth, (Street and Number) 69 Dallas
5. Full Name of Mother, Marie Moor
6. Mother's Maiden Name, Bonark
7. Mother's Birthplace, Balt Md
8. Full Name of Father, John Moor
9. Father's Occupation, Wagonman
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Anna Carper
- Address, 72 Lombard
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Thursday, August 18<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *96 E. Madison St*
5. Full Name of Mother *Martha Coggswell*
6. Mother's Maiden Name *Martha Price,*
7. Mother's Birthplace *Leanwell Co. Md,*
8. Full Name of Father *John Coggswell,*
9. Father's Occupation *Hay Dealer,*
10. Father's Birthplace *W. England.*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinton, M.D.*
- Address *25 1/2 Greenmount Ave*
- Remarks *"Vrly. Presentation"*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 44551

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) Cr

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 18th*
4. Place of Birth (Street and Number) *521 Riggs St El-*
5. Full Name of Mother *Constance Meyer*
6. Mother's Maiden Name *Marconquis*
7. Mother's Birthplace *France*
8. Full Name of Father *Lewis Meyer*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Washington*
- Name of Medical Attendant, or other Person who makes this Return. *M. B. Bellinger*
- Address *256 B John St-*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49533

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 August
4. Place of Birth, (Street and Number) 19 Pine St.
5. Full Name of Mother, Florence Reech
6. Mother's Maiden Name, Thurman
7. Mother's Birthplace, Balt.
8. Full Name of Father, W. Reech
9. Father's Occupation, House Painter
10. Father's Birthplace, Germany
- Name of Medical Attendant, Josephine Howard  
or other Person who makes this Return
- Address, 124 Barnes St.
- Remarks.

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 18 1901*
4. Place of Birth, (Street and Number) *West John St at McMechen*
5. Full Name of Mother, *Mary Rosetta Fowler*
6. Mother's Maiden Name, *Mary Annam Rosetta*
7. Mother's Birthplace, *San Francisco Cal*
8. Full Name of Father, *Frederick G. Fowler*
9. Father's Occupation, *Clash Book*
10. Father's Birthplace, *Balt. Md*
- Name of Medical Assistant, or other Person who makes this Return. *Wm Kneape Md*
- Address,
- Remarks,

If any physician, accoucheur, midwife, or other person in charge, who shall attend, name or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19 of August 1881*
4. Place of Birth, (Street and Number) *23 Central Ave*
5. Full Name of Mother, *Mary Ann Stephens*
6. Mother's Maiden Name, *Wells*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Stephens*
9. Father's Occupation, *Shoe Store*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *Madame Ulbig*
- 48 Hollands*
- Remarks,



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

W. Madison

5. Full Name of Mother,.....

Emma Egerton

6. Mother's Maiden Name,.....

Emma Liden

7. Mother's Birthplace,.....

Balt Md

8. Full Name of Father,.....

John Egerton

9. Father's Occupation,.....

Mechanic

10. Father's Birthplace,.....

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. H. H.

Address,

143 N. Charles

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 19th 1881*
4. Place of Birth, (Street and Number) *202 German St*
5. Full Name of Mother, *Esther Sparks*
6. Mother's Maiden Name, *Esther Samuels*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Harvey Marks*
9. Father's Occupation, *Carver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cooks MD*
- Address *146 Harmon*
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49519

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th Aug 1881

4. Place of Birth, (Street and Number)

127 North Camden St

5. Full Name of Mother,

Julia E Schmidt

6. Mother's Maiden Name,

Julia E Meyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Schmidt

9. Father's Occupation,

Receiving Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Walter

Address,

125 North Caroline St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 19<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Woodmont St. No. 30

5. Full Name of Mother Larry Mercer

6. Mother's Maiden Name Freeman

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Mercer

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess. G. Mitchell

Address No. 38 Parkin St.

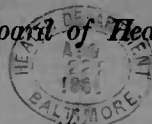
Remarks \_\_\_\_\_

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 19<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Parkin St. No. 72
5. Full Name of Mother Ella Bell
6. Mother's Maiden Name Reck
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bell
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Mitchell
- Address No. 58 Parkin St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1st  
Female  
White  
Aug. 19<sup>th</sup>  
Patterson Row siting near Lehigh  
May Miller  
" Shreve  
Baltimore  
John Miller  
Driver Balto & O Express  
Baltimore Conty Md  
G. H. Jones M.D.  
Cor. St. Charles & Pennsylvania

# RETURN OF A BIRTH,

49663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 11  
(state whether male or female) female  
or Color, (if not of the white race) white race  
of Birth August the 19  
of Birth, (Street and Number) Baltimore William St No 2  
Name of Mother Maria Tolson  
her's Maiden Name Maria Lambert  
her's Birthplace Calvert Co Md  
Name of Father John Tolson  
her's Occupation Engineer  
her's Birthplace Calvert Co Md  
of Medical Attendant, or other Person who makes this Return. Elizabeth Kuthorn  
Address William St No 24  
Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19<sup>th</sup> August 1881

4. Place of Birth, (Street and Number) Balto. Bohemia Court No 7

5. Full Name of Mother, Mary Vohner

6. Mother's Maiden Name, Mary Vohner

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vaytesh Vohner

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptis

Address, 69 Washington St

Remarks, Mary Kaptis

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th August 1881*
4. Place of Birth, (Street and Number) *Bell St NW 478*
5. Full Name of Mother, *Mary Brimus*
6. Mother's Maiden Name, *M. Lelka*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Andrew Lelka*
9. Father's Occupation, *Builder*
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, *Mary Baptist*  
or other Person who makes this Return

Address, *29 Washington St*

Remarks,

*Mary Baptist*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19<sup>th</sup> August 1881*
4. Place of Birth, (Street and Number) *Baltimore 217*
5. Full Name of Mother, *Hellen Balvin*
6. Mother's Maiden Name, *Hellen Kapeska*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *A. Balvin*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mary Hospital*
- Address, *69 Washington st*
- Remarks, *Mary Hospital*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

August 19th 1881

4. Place of Birth (Street and Number)

188 S Broadway

5. Full Name of Mother

Lilly Whitehill

6. Mother's Maiden Name

" Lampbeiner

7. Mother's Birthplace

City

8. Full Name of Father

Isaac Whitehill

9. Father's Occupation

Shoe Dealer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bantz

Address

120 Bank St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *August 19<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 1 S. Eden. str*
5. Full Name of Mother *Louisa Butchky*
6. Mother's Maiden Name *" Lang*
7. Mother's Birthplace *City*
8. Full Name of Father *Solus Butchky*
9. Father's Occupation *Saloon keeper*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bete*
- Address *1120. Bank St.*
- Remarks

also at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sixth.  
Male.  
White.  
August 19<sup>th</sup> 1881  
12 B Stemmers Alley.  
Ellen Cairn  
Ellen Geaney.  
Ireland.  
John Cairn  
Laborer  
Baltimore City.  
Mrs. Eliza Stearns  
95 E. Howard St.

(City)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

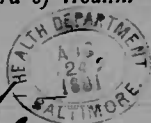


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 19, 1881*
4. Place of Birth, (Street and Number) *Eden St. No. 178*
5. Full Name of Mother, *Heddie Berchard*
6. Mother's Maiden Name, *Heddie Brandenburg*
7. Mother's Birthplace, *Harsbach, R. Prussia, Germany*
8. Full Name of Father, *Heinrich Berchard*
9. Father's Occupation, *Scholar*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Harry E. Mueller*
- Address, *1001 E. B. St. No. 26*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

First  
Female  
White

Aug 19. 1881

188 Jackson Court

Mary Kate Stewart

Mary Kate Link

Germany

Colm H. Stewart

Printer

Baltimore Md

B. F. Phillips M. D.

327 N. Lombard St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 2-8-32  
RETURN OF A BIRTH, 49572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Clara Ellen Granger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

August 19<sup>th</sup> - 1881

4. Place of Birth, (Street and Number)

No 10 Barney St.

5. Full Name of Mother

Herriett Granger

6. Mother's Maiden Name

Herriett Curdy

7. Mother's Birthplace

Balto Md.

8. Full Name of Father

John W. Granger

9. Father's Occupation

Bar maker

10. Father's Birthplace

Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Annie Lyons

Address

634 Light St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 119573

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 19<sup>th</sup>
4. Place of Birth, (Street and Number) No 116 E Pratt St
5. Full Name of Mother Mary Mchitens
6. Mother's Maiden Name Mary Solomon
7. Mother's Birthplace Baltimore
8. Full Name of Father John Mchitens
9. Father's Occupation Glove Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Mrs Gekke
- Address No 55 S. Bond St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*First*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*August 19th 1881*

4. Place of Birth (Street and Number)

*No 175 Scott St*

5. Full Name of Mother

*Sarah Jane Wright*

6. Mother's Maiden Name

*" " Connolly*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*James Wright*

9. Father's Occupation

*Free Business*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*George V. Leon M.D.*

Address

*212 East Lombard Street*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 19th 1881*

4. Place of Birth (Street and Number) *253. East Biddle St*

5. Full Name of Mother *Laura G. Neville*

6. Mother's Maiden Name *Laura G. Frost*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Wm R. Neville M.D.*

9. Father's Occupation *Pharmacist and Physician*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Wm R. Neville M.D.*

Address *Woodbury W. B. Baltimore*

Remarks *Balt Co Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*First*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*Col'd*

3. Date of Birth

*Friday Aug 19th 81*

4. Place of Birth (Street and Number)

*47 Lexington St*

5. Full Name of Mother

*Mary E Boston*

6. Mother's Maiden Name

*Mary E Blake*

7. Mother's Birthplace

*Maryland*

8. Full Name of Father

*Thos H Boston*

9. Father's Occupation

*White Washman*

10. Father's Birthplace

*Maryland*

Name of Medical Attendant, or other Person who makes this Return.

*J. M. Lewis M.D.*

Address

*51 N Calvert St*

Remarks

*Baltimore Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Friday August 29th 1891
4. Place of Birth (Street and Number) S. W. Co. Hampstead & Bond St
5. Full Name of Mother Bridget McKenlay McAlister
6. Mother's Maiden Name Bridget McKenlay
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick McAlister
9. Father's Occupation Cigar Dealer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. William Brintow MD
- Address 25 1/2 Greenmount Ave
- Remarks "Early Presentation"

That any Physician, accoucheur, midwife, or other person in attendance on a woman about to be delivered, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*The Eighth Child*

1. Sex, (state whether male or female)

*A male child*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*19<sup>th</sup> of August*

4. Place of Birth, (Street and Number)

*73 Mulberry Street*

5. Full Name of Mother,

*Mrs. Susie Keif*

6. Mother's Maiden Name,

*Mrs. Susie Berlin*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*James Keif*

9. Father's Occupation,

*Labor*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. Ella Sadler*

Address,

*No 11 New Street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male Fifth  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, Aug 19 81  
4. Place of Birth, (Street and Number) 43 Russell St.  
Virginia Shelton  
5. Full Name of Mother, John Chew  
6. Mother's Maiden Name, Missouri  
7. Mother's Birthplace, Nathan Shelton  
8. Full Name of Father, Laborer  
9. Father's Occupation, Virginia  
10. Father's Birthplace, Mary  
Name of Medical Attendant, or other Person who makes this Return  
Address, 328 South Euterpi  
Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Aug 19 1891  
31 E Eager St  
Laura Hershley  
Laura Ryan  
Virginia  
Stephen Hershley  
Bakeman  
Baltimore  
A C Palo  
No 1 N. Broadway Ave  
Near Smith St Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Aug. 19th, 1888  
 4. Place of Birth (Street and Number) 258 E. Biddle st  
 5. Full Name of Mother Laura Neville  
 6. Mother's Maiden Name Doyle  
 7. Mother's Birthplace Balto., Md.  
 8. Full Name of Father Wm. M. Neville  
 9. Father's Occupation Donggist  
 10. Father's Birthplace Harford Co Md  
 Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslee  
 Address 256 E. John st  
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49583

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2205*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Aug. 20 1881*
4. Place of Birth, (Street and Number) *130 W. Egle St.*
5. Full Name of Mother, *Lydian Gibson*
6. Mother's Maiden Name, *Galloway*
7. Mother's Birthplace, *Balti.*
8. Full Name of Father, *Jo. Gibson*
9. Father's Occupation, *machinist*
10. Father's Birthplace, *Balti.*
- Name of Medical Attendant, *D. Street M.D.*  
or other Person who makes this Return.
- Address, *143 W. Egle St.*
- Remarks, *R.O.D.A. - labor day & natural - both doing well*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 20th 1887*
4. Place of Birth, (Street and Number) *161 A Lombard St Maternity Hospital*
5. Full Name of Mother, *Lizzie Corner*
6. Mother's Maiden Name, *Woodberry Patton*
7. Mother's Birthplace, *Med*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *Unknown*
10. Father's Birthplace, *Unknown*
- Name of Medical Attendant, or other Person who makes this Return *Geo. A. Comstock M.D.*
- Address *1161 A Lombard St*
- Remarks *Physician*

I, as any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49585

To the Office of Registrar of Vital Statistics. Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *1st*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *26th August*
4. Place of Birth, (Street and Number) ... *84 Jefferson St*
5. Full Name of Mother, ... *Elizabeth H. Conaway*
6. Mother's Maiden Name, ... *Elizabeth Johnson*
7. Mother's Birthplace, ... *Baltimore*
8. Full Name of Father, ... *William H. Conaway*
9. Father's Occupation, ... *Cigar Maker*
10. Father's Birthplace, ... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return ... *Maro Means Walker*
- Address, ... *125 North Caroline St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 20, 1881

4. Place of Birth (Street and Number) 166 E. Baltimore St.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

19387

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ August 20<sup>th</sup> 1881.

4. Place of Birth, (Street and Number) \_\_\_\_\_ 125 S. Washington St.

5. Full Name of Mother \_\_\_\_\_ Annie Minnie Frazier.

6. Mother's Maiden Name \_\_\_\_\_ Annie A. Hart.

7. Mother's Birthplace \_\_\_\_\_ Baltimore City, Md.

8. Full Name of Father \_\_\_\_\_ William Wallace Frazier.

9. Father's Occupation \_\_\_\_\_ Miner.

10. Father's Birthplace \_\_\_\_\_ Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ Nicholas L. Sashitt.

Address \_\_\_\_\_ 207 S. Broadway.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49588

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 22

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 20<sup>th</sup> 1881

4. Place of Birth (Street and Number) West Conway St.

5. Full Name of Mother Bridget Honkle

6. Mother's Maiden Name Bridget Holland

7. Mother's Birthplace Ireland

8. Full Name of Father John Honkle

9. Father's Occupation Laborer

10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this Return. Dr. P. Under M.D.

Address 204 N. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49589

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 20<sup>th</sup> 1887

4. Place of Birth (Street and Number) 33 Clark St Baltimore Md

5. Full Name of Mother Annie Blanche Thomas

6. Mother's Maiden Name Annie Blanche Robinson

7. Mother's Birthplace Baltimore City - Md.

8. Full Name of Father Arthur W Thomas

9. Father's Occupation Min-Sonick

10. Father's Birthplace Leesburg - Loudoun Co Va -

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ref W D Miller MD  
87 Franklin St  
Balti.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th of August - 1881*
4. Place of Birth, (Street and Number) *No. 2 Cambridge Street*
5. Full Name of Mother, *Mrs. Clara Ann Maitland*
6. Mother's Maiden Name, *Clara Zell Saunders*
7. Mother's Birthplace, *Lexington, Kentucky Co. Ky.*
8. Full Name of Father, *Herbert J. Maitland*
9. Father's Occupation, *Cabman*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Wiley*
- Address, *Pathway Park St.*
- Remarks,





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
Colored  
30 August 1891.  
122 S. Belhel St  
Susan Montourney  
Susan Montourney  
Baltimore Md  
No Account  
No Account  
No Account  
Miss Mary Barker  
16 S. Belhel St  
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 20<sup>th</sup>*

4. Place of Birth, (Street and Number) *No. 127 S. Spring st.*

5. Full Name of Mother, *Lizabeth Geiger*

6. Mother's Maiden Name, *Geiger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Two*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 20 1881*

4. Place of Birth (Street and Number) *175 Sterling St Baltimore*

5. Full Name of Mother *Ellen B. Birdner*

6. Mother's Maiden Name *Ellen B. Haggartman*

7. Mother's Birthplace *Perryburg Pennsylvania*

8. Full Name of Father *William J. Tucker*

9. Father's Occupation *Painter*

10. Father's Birthplace *Washington D C*

Name of Medical Attendant, or other Person who makes this Return *Mary A. Martin*

Address *195 Forest St Baltimore*

Remarks *Healthy Child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 20th*
4. Place of Birth (Street and Number) *165 E. Lombard St.*
5. Full Name of Mother *Laura A. Eitel*
6. Mother's Maiden Name *Conner*
7. Mother's Birthplace *Frederick Md.*
8. Full Name of Father *Eustace W. Eitel*
9. Father's Occupation *Mang. of Men's Hosiery*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Lydia A. Conner*
- Address *296 E. Madison St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

189595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth the 20th of Aug. 1881.

4. Place of Birth, (Street and Number) 81 Sider ally

5. Full Name of Mother Anna Thomas

6. Mother's Maiden Name Anna Matthews

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Thomas

9. Father's Occupation Walter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Wallace.

Address 113 Ralburg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
 arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth sex, and color of the child or children  
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
 BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 20 - 96*
4. Place of Birth (Street and Number) *24 Calver St*
5. Full Name of Mother *Kate Tolstine*
6. Mother's Maiden Name *" Dehan*
7. Mother's Birthplace *Holland*
8. Full Name of Father *Jacob Tolstine*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Philadelphia - Penn*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. R. Smith*
- Address *151 Chesapeake St*
- Remarks

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *Aug 20<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *#50 Camden St.*

5. Full Name of Mother, *Rachel Himmel*

6. Mother's Maiden Name, *Taylor*

7. Mother's Birthplace, *Harford Co.*

8. Full Name of Father, *Moses Himmel*

9. Father's Occupation, *Wm. E. M. Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Koch*

Address, *32 & South Eutaw St.*

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 20, 1881*
4. Place of Birth (Street and Number) *584 W. Lombard St.*
5. Full Name of Mother *Hollie E. Fry*
6. Mother's Maiden Name *Adams*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Wm. H. Fry*
9. Father's Occupation *Telegraph Operator*
10. Father's Birthplace *Penn'a.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Hood*
- Address *329 Holliday St.*
- Remarks *fine baby*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49600

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Miss
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 20th 1881
4. Place of Birth, (Street and Number) 1340 E. Eager St
5. Full Name of Mother Mrs. A. Martin
6. Mother's Maiden Name Severin
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. J. Martin
9. Father's Occupation Clerk
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. J. W. Martin
- Address 474 N. Eager St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

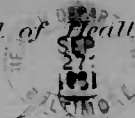


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Second*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Aug 20 / 81*
4. Place of Birth, (Street and Number)..... *975 - N. B. St.*
5. Full Name of Mother,..... *Mary Ellen Giesendaffer*
6. Mother's Maiden Name,..... *" " Dudley*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *Charles Philip Giesendaffer*
9. Father's Occupation,..... *Manager, Druggist*
10. Father's Birthplace,..... *Alexander, Va.*
- Name of Medical Attendant, or other Person who makes this Return...... *Wm. J. Giesendaffer M.D.*
- Address,..... *572 N. Angell St. Baltimore*
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *South Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Aug 20, 1891*  
4. Place of Birth, (Street and Number) *164 S. Charles St.*  
5. Full Name of Mother, *Mary Herman*  
6. Mother's Maiden Name, *Holly*  
7. Mother's Birthplace, *Baltimore, Md.*  
8. Full Name of Father, *Richard Herman*  
9. Father's Occupation, *Labour*  
10. Father's Birthplace, *McClelland, Md.*  
Name of Medical Attendant, *Dr. J. H. [illegible]*  
Address, *144 [illegible]*  
Remarks, *[illegible]*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the matric name of the mother of such child or children."

# RETURN OF A BIRTH

49603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 2 / 57 1881*
4. Place of Birth, (Street and Number) *Maternity Hospital, 161 W Lombard St*
5. Full Name of Mother, *Emma Jones*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Mr. Thomas*
9. Father's Occupation, *" "*
10. Father's Birthplace, *Ed. Compbu Md*
- Name of Medical Attendant, or other Person who makes this Return *161 W Lombard St*
- Address. *161 W Lombard St*
- Remarks, *Legitimate*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49604

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who  
makes this Return.

Address, 148 N. Egle St.

Remarks,

28 mo - L.O.I.A. - fresh applied

1st -  
Male  
Caucasian  
Aug. 21 -  
20 St. Paul St.  
Lydia Judd  
"Balt."  
Unknown  
"Balt."  
S. Stuart West -  
Date 5/11/85

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 21 1881
4. Place of Birth, (Street and Number) No. 1 Warner St.
5. Full Name of Mother, Ellen Fining
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Accomac Co. Md.
8. Full Name of Father, Levin Perkins
9. Father's Occupation, Labourer
10. Father's Birthplace, Accomac Co. Md.
- Name of Medical Attendant, Deborah Thomas  
or other Person who makes this Return.
- Address, 71 Burgundy St.
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1 1906
4. Place of Birth, (Street and Number) 177 Madison Ave.
5. Full Name of Mother, Helen K. Linn
6. Mother's Maiden Name, Helen A. S. S.
7. Mother's Birthplace, American
8. Full Name of Father, Frank H. Linn
9. Father's Occupation, Engineer
10. Father's Birthplace, American

Name of Medical Attendant, or other Person who makes this Return

Address, 117 N. W. St.

Remarks, C. A.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 21<sup>st</sup> 1881
4. Place of Birth, (Street and Number) No. 318, Central Ave
5. Full Name of Mother Mrs. Leanne
6. Mother's Maiden Name Mrs. Schneider
7. Mother's Birthplace Bohemia
8. Full Name of Father John Lerner
9. Father's Occupation carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Miller
- Address 152 E. Monument
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49608

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 21st 1881

4. Place of Birth, (Street and Number) No 53 St Myrtle St

5. Full Name of Mother Mary Montgomery

6. Mother's Maiden Name Mary Nelson

7. Mother's Birthplace Ireland

8. Full Name of Father George Montgomery

9. Father's Occupation Barman

10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Hillebrand

Address 184 E. Lombard St

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,.....

1st

Male

Caucasian

Aug. 21

187 East St

Mathew Fox

" "

German

Mathew

" "

" "

David Street

143 N. Exchange

L.C.D. - force applied - but doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21<sup>st</sup> August 1881
4. Place of Birth (Street and Number) 141 W. Fayette St.
5. Full Name of Mother Rebecca B. Ramos
6. Mother's Maiden Name Rebecca B. Foltz
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph S. Ramos
9. Father's Occupation Shoemaker
10. Father's Birthplace Cuba
- Name of Medical Attendant, or other Person who makes this Return. N. M. Little
- Address 425 W. Fayette St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 21 1887
4. Place of Birth, (Street and Number) 109 Cross St
5. Full Name of Mother Mary Gerbrich
6. Mother's Maiden Name Essultry
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John T. Gerbrich
9. Father's Occupation Engineer
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this return. Mrs. Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who  
makes this return.

Address,

Remarks,

Female  
White  
Aug. 21st 1887  
538 Cal St  
Elizabeth Simmons  
ne Sheppard  
Cal St  
David Simmons  
Bookkeeper  
Cal St  
David Simmons  
168 of Penn St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *August 21<sup>st</sup> 1881*
4. Place of Birth (Street and Number) *No 188<sup>th</sup> S Ann St*
5. Full Name of Mother *Josettea Shannel*
6. Mother's Maiden Name *" Miller*
7. Mother's Birthplace *City*
8. Full Name of Father *George Shannel*
9. Father's Occupation *Cooper*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bels*
- Address *120 Bank St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 21 of Jan
4. Place of Birth, (Street and Number) 16 21 Green St
5. Full Name of Mother Kate R. H.
6. Mother's Maiden Name Kate R. H.
7. Mother's Birthplace Germany
8. Full Name of Father John Hirth
9. Father's Occupation Labr
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Abel Fishman, M.D.
- Address 115 Hagerman
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 21<sup>st</sup> 1881
4. Place of Birth (Street and Number) No 56 S Bond St.
5. Full Name of Mother Catherin Jeffersson
6. Mother's Maiden Name " Mullin
7. Mother's Birthplace \_\_\_\_\_ City
8. Full Name of Father Joseph Jeffersson
9. Father's Occupation Printer
10. Father's Birthplace \_\_\_\_\_ City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth B. B. J.
- Address 120 Bond St.
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *C. Skin*
3. Date of Birth, *Aug 31st 1881*
4. Place of Birth, (Street and Number) *10 Mulberry St*
5. Full Name of Mother, *Mary E. Cohen*
6. Mother's Maiden Name, *Mary E. Cohen*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Marion Cohen*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *New York Va*
- Name of Medical Attendant, or other Person who makes this Return *Chas. J. Jones*
- Address, *140 N. 1st St. N. Y.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *21: August.*
4. Place of Birth, (Street and Number) *First Avenue.*
5. Full Name of Mother, *Mary D. Antchins.*
6. Mother's Maiden Name, *Mary D. Zimmermann.*
7. Mother's Birthplace, *Baltimore County.*
8. Full Name of Father, *Mary C. Antchins.*
9. Father's Occupation, *Black Smith.*
10. Father's Birthplace, *Baltimore County.*
- Name of Medical Attendant, *The Physician*  
or other Person who makes this Return
- Address, *112 Talbot Park St.*
- Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug - 21 - 81
4. Place of Birth, (Street and Number) 384 Myrtle
5. Full Name of Mother Annie M. L. Starkey
6. Mother's Maiden Name Annie Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles M. A. Starkey
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. Bacon M.D.
- Address Cor Argyle ave. & Market St.
- Remarks

Think any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins Baby 3*  
 1. Sex, (state whether male or female) *Male and female*  
 2. Race or Color, (if not of the white race) *white*  
 3. Date of Birth, *21 Aug. 1881*  
 4. Place of Birth, (Street and Number) *Cross St. 426 N*  
 5. Full Name of Mother, *Jan Weaver*  
 6. Mother's Maiden Name, *Jan Gordon*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Kephalion Hammett Gordon*  
 9. Father's Occupation, *labor*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Mary Hazen*  
 Address, *Burrill St. No. 90*  
 Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 21st - 81

4. Place of Birth, (Street and Number)

1224 Marshall st

5. Full Name of Mother,

Mary Schleiger

6. Mother's Maiden Name,

Schultz

7. Mother's Birthplace,

America

8. Full Name of Father,

Charles Schleiger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49622

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, ~~2d~~, 3d, &c.)
1. Sex (state whether Male or Female) *male* -
2. Race or Color (if not of the white race) *white* -
3. Date of Birth *August 21st. 1881* -
4. Place of Birth (Street and Number) *46 Clark St -*
5. Full Name of Mother *Maggie M*
6. Mother's Maiden Name *Hansberr - Insensberg -*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *Wm. J. Handfield -*
9. Father's Occupation *Clark -*
10. Father's Birthplace *Penna.*



Name of Medical Attendant, or other Person who makes this Return.

*R. Mc. Gowan M. D.*

Address

*Harlem around Calverton St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49623

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

August 21/11

3. Date of Birth,

4. Place of Birth, (Street and Number)

22 Maryland St  
Evan J. R. Prince

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Marthaburg, Va  
E. Francis Prince

9. Father's Occupation,

10. Father's Birthplace,

St. James St Baltimore  
New Anna Higgins Prince, Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

A. J. Prince M.D.  
317 N. Lombard St



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

496211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Female  
August 21st 1891  
11 383 B  
Emma Deimler  
11 1st  
Mother's Maiden Name  
Denny Deimler  
Book Binder  
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119625

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

49626

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "AUG 29 1981" is stamped in a bold, sans-serif font. The stamp is slightly faded and has a textured appearance.

2<sup>nd</sup> hall.

- Aug. 21<sup>st</sup> 1881  
L.R. E. Chase & Co.  
Sugarcane Hill  
" " Germantown  
Baltimore  
Sugarcane Hill  
Chase & Co.  
Germantown  
Baltimore

Edmund H. Moore  
167 N. Lincoln St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

49627

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 21. 1881*
4. Place of Birth (Street and Number) *223 German St.*
5. Full Name of Mother *Amelia Tansant*
6. Mother's Maiden Name *Amelia Myers (or Myers)*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John W. Tansant*
9. Father's Occupation *Box maker*
10. Father's Birthplace *Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*
- Address *1360 Lexington St.*
- Remarks *Baltimore*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
August 21/81  
No 297 McAnulty  
Ella Mary  
" Verlie  
" Balu dea  
born Mary  
Latner  
Anne Grand Co m d  
J. L. S. Lark  
347 W. Lombard St.

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49629

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, august 21 th
4. Place of Birth, (Street and Number) no 32 wellcome alley
5. Full Name of Mother, harriet wilson
6. Mother's Maiden Name, harriet james
7. Mother's Birthplace, talbert county
8. Full Name of Father, charles wilson
9. Father's Occupation, laborer
10. Father's Birthplace, talbert county, md
- Name of Medical Attendant, or other Person who make this Return. M J Lydia Porter
- Address, no 4 north seo avenue
- Remarks, healthy Child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49630

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4 Male  
White  
Aug 27 1887  
1557 Hillman St  
Lizzie Mercedith  
Lizzie Swicker  
City  
Hill Mercedith  
Marble Center  
City  
H.B. Noble M.D.  
82 Harker Ave

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *21 August*
4. Place of Birth, (Street and Number) *22 Dallas*
5. Full Name of Mother, *Milly Pieber*
6. Mother's Maiden Name, *Worner*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *Thom. Pieber*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sara Barker*
- Address, *70 E. Lombard*
- Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sunday August 21st 1881.*

4. Place of Birth (Street and Number) *58 N. Wolf St.*

5. Full Name of Mother *Dora Dickie*

6. Mother's Maiden Name *Dora Michael*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Vitus Dickie*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Hessen Cassel*

Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinton M.D.*

Address *10 1/2 Greenmount Ave*

Remarks *"Very Presentation"*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug<sup>st</sup> 21<sup>st</sup> 1881*  
 4. Place of Birth (Street and Number) *287. St Paul St*  
 5. Full Name of Mother *Alice Paine*  
 6. Mother's Maiden Name *Alice McCreary*  
 7. Mother's Birthplace *Summit Pa*  
 8. Full Name of Father *Clinton Paine*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *F. J. Miles, M.D.*  
 Address *24 Cathedral St*  
 Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 24

4. Place of Birth, (Street and Number) Great Stiles 33. Thomas

5. Full Name of Mother, Minigunda Miller

6. Mother's Maiden Name, Blumweis

7. Mother's Birthplace, Germany

8. Full Name of Father, George Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise C. Kraft

Address 7236 Canton Ave

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-27-54  
RETURN OF A BIRTH.

114633

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William Curley Ball



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) male
  2. Race or Color (if not of the white race) white
  3. Date of Birth 21 Aug. 1881
  4. Place of Birth (Street and Number) 239 W. Hoffman st
  5. Full Name of Mother Eliza Jane Ball
  6. Mother's Maiden Name " Hall
  7. Mother's Birthplace md
  8. Full Name of Father Mr. R. Ball
  9. Father's Occupation carpenter
  10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill
- Address 129 W. Biddle st
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49636

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 21 187*
4. Place of Birth, (Street and Number) *640 Montford St*
5. Full Name of Mother, *Isabel M. Holland*
6. Mother's Maiden Name, *" Lowell*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Geo A. Holland*
9. Father's Occupation, *Carriage Finisher*
10. Father's Birthplace, *Baltimore County, Md*
- Name of Medical Attendant, or other Person who makes this Return, *McGregor (M)*
- Address, *511 Co. Thistle & Calhoun*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49637

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male -
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 21. 81.
4. Place of Birth (Street and Number) 231 N. Gilman
5. Full Name of Mother Mary A. Hinder
6. Mother's Maiden Name " " Deconne
7. Mother's Birthplace Balto. Md -
8. Full Name of Father Jas. B. Hinder
9. Father's Occupation Bank Clerk -
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return John J. King, M.D.
- Address 215 Carrollton Ave.
- Remarks

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Colored*  
 3. Date of Birth, *21<sup>st</sup> August*  
 4. Place of Birth, (Street and Number) *102 West st*  
 5. Full Name of Mother, *Servia Johnson*  
 6. Mother's Maiden Name, *" Right*  
 7. Mother's Birthplace, *Hetireland*  
 8. Full Name of Father, *Winfeald Johnson*  
 9. Father's Occupation, *Hard Laver*  
 10. Father's Birthplace, *Hetireland*  
 Name of Medical Attendant, *Angelline Wilson*  
 Address, *194 Warner St*  
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *21 Aug. 1887*

4. Place of Birth, (Street and Number) *1132 Saratoga St Baltimore*

5. Full Name of Mother, *Haty Caspare*

6. Mother's Maiden Name, *Haty Pavisch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Charles Caspare*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *No 60 Schroeder St.*

Remarks, *Good.*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Aug 21, 1881* .....
4. Place of Birth, (Street and Number) *191 Jefferson St.* .....
5. Full Name of Mother, *Annie Hall* .....
6. Mother's Maiden Name, *" Ridgeway* .....
7. Mother's Birthplace, *Balt* .....
8. Full Name of Father, *David E. Hall* .....
9. Father's Occupation, *Engineer* .....
10. Father's Birthplace, *Pa.* .....
- Name of Medical Attendant, or other Person who makes this Return *A. H. White, M.D.* .....
- Address, *247 Broadway* .....
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 22 1881

4. Place of Birth (Street and Number)

272 Mosher St.

5. Full Name of Mother

Jessie Foster

6. Mother's Maiden Name

Green

7. Mother's Birthplace

Virginia

8. Full Name of Father

Benjamin P. Foster

9. Father's Occupation

Clark

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Frederick H. Clark

Address

4 Calverton

Remarks

"That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the written name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 22nd 1881*
4. Place of Birth, (Street and Number) *208 Montague St*
5. Full Name of Mother, *Josephine G. Gifford*
6. Mother's Maiden Name, *Josephine G. Lovett*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *August Gifford*
9. Father's Occupation, *Marine*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore G. Gifford*
- Address *146 Danvers St*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 23rd 1881*
4. Place of Birth, (Street and Number) *W. 9th St*
5. Full Name of Mother, *Maria Sylliman*
6. Mother's Maiden Name, *Maria Sylliman*
7. Mother's Birthplace, *Essex Co. Mass*
8. Full Name of Father, *Edgar Sullivan*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Therding Cook M.D.*
- Address. *146 Hanover St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 22<sup>nd</sup> 1881*
4. Place of Birth (Street and Number) *27 E. Balt st*
5. Full Name of Mother *Margaret Morrow*
6. Mother's Maiden Name *Margaret Seddon*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *Wm H Morrow*
9. Father's Occupation *Furniture dealer*
10. Father's Birthplace *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *John H. Connor*
- Address *53 E. Eden St.*
- Remarks

Extraordinary regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Aug 22nd 1881*

4. Place of Birth (Street and Number) *Orleans St*

5. Full Name of Mother *Lula Bush*

6. Mother's Maiden Name *Lula Hall*

7. Mother's Birthplace *Charles Co Md*

8. Full Name of Father *Mr Henry Bush*

9. Father's Occupation *Sailor*

10. Father's Birthplace *Charles Co*

Name of Medical Attendant, or other Person who makes this Return. *John Conner*

Address *328 S. Eden St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *22<sup>nd</sup> August*  
 4. Place of Birth, (Street and Number) *No 24 Liberty St.*  
 5. Full Name of Mother, *Mrs. Anna L. Bremner*  
 6. Mother's Maiden Name, *Wife of L. Henderson*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Robert Bremner*  
 9. Father's Occupation, *Plumber*  
 10. Father's Birthplace, *Scotland*  
 Name of Medical Attendant, *Mrs. Schleifer*  
or other person who makes this return.  
 Address, *No 20 Columbia Ave.*  
 Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, afterward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex, (state whether male or female) *Female*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *August 22nd*
  - Place of Birth, (Street and Number) *No. 18 West Pratt St.*
  - Full Name of Mother, *Theresa Pittmeier*
  - Mother's Maiden Name, *Manner*
  - Mother's Birthplace, *Germany*
  - Full Name of Father, *George Pittmeier*
  - Father's Occupation, *White Washer*
  - Father's Birthplace, *Germany*
  - Name of Medical Attendant, *Sophia Simon*  
or other Person who makes this Return
  - Address, *No. 70 E. Broadway St.*
  - Remarks,



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

491-118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 22 201

4. Place of Birth, (Street and Number) No 161 Broadway

5. Full Name of Mother Jennie Behrens

6. Mother's Maiden Name Price

7. Mother's Birthplace Baltimore

8. Full Name of Father John Behrens

9. Father's Occupation Barber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke

Address No 132 Board St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Color of child*
3. Date of Birth, *the 29 of June 1881*
4. Place of Birth, (Street and Number) *No 79 Leadenhall*
5. Full Name of Mother, *Arrean Carpen*
6. Mother's Maiden Name, *Arrean Hall*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Ruffus Carpen*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, *or other Person who makes this Return. Hilley Cross*
- Address, *181 Park Street*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

22 of August

4. Place of Birth, (Street and Number)

1172 Hill - Harwode

5. Full Name of Mother,

Annie. Gory

6. Mother's Maiden Name,

Charlie Hardland

7. Mother's Birthplace,

Princh. Large Country

8. Full Name of Father,

Lee Levi Gant

9. Father's Occupation,

Steve

10. Father's Birthplace,

Princh. Large Country

Name of Medical Attendant,

or other person who makes this Return.

W. H. Gross

Address,

181 York Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

49651

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Aug 22<sup>nd</sup> 1881 (P. 30 AM)

4. Place of Birth, (Street and Number)

152 Carrollton St

5. Full Name of Mother,

Maggie Jones

6. Mother's Maiden Name,

Margit Pagnard

7. Mother's Birthplace,

Wilmington, Md

8. Full Name of Father,

Malachi Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Mexico, Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. Laver, M.D.

Address,

125 Edmondson Ave.

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th -
1. Sex (state whether ~~Male~~ or Female) Female -
2. Race or Color (if not of the white race) white -
3. Date of Birth August 22d 1881 -
4. Place of Birth (Street and Number) 388 Lafayette Avenue -
5. Full Name of Mother Margaret A.
6. Mother's Maiden Name Benzinger -
7. Mother's Birthplace Balti. City -
8. Full Name of Father Wm. Renchan -
9. Father's Occupation Merchant -
10. Father's Birthplace Ireland -
- Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith
- Address Harlem av. and Calhoun st -
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 22 1881*
4. Place of Birth, (Street and Number) *No 178 Hughes St*
5. Full Name of Mother, *Caroline Brown*
6. Mother's Maiden Name, *Caroline Bennett*
7. Mother's Birthplace, *Galbert County*
8. Full Name of Father, *John Brown*
9. Father's Occupation, *Working in brick yard*
10. Father's Birthplace, *Galbert County*
- Name of Medical Attendant, *Maria Potter*  
or other person who makes this Return.
- Address, *No 156 Welcome ally*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22nd
4. Place of Birth, (Street and Number) 375 W. Henry St
5. Full Name of Mother, Elisabeth Koole
6. Mother's Maiden Name, " " Shelling
7. Mother's Birthplace, Hancock Md
8. Full Name of Father, John Koole
9. Father's Occupation, a Machinist
10. Father's Birthplace, Wittenberg
- Name of Medical Attendant, or other Person who makes this Return. Mrs M. J. Leman
- Address, 435 W. Henry St
- Remarks, Healthy Throat & Spleen

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, August 22 and  
 4. Place of Birth, (Street and Number) 318 W. Henry St  
 5. Full Name of Mother, Elizabeth Koole  
 6. Mother's Maiden Name, " " Schilling  
 7. Mother's Birthplace, Hancock Md  
 8. Full Name of Father, John Koole  
 9. Father's Occupation, Machinist  
 10. Father's Birthplace, Wittenberg  
 Name of Medical Attendant, or other Person who makes this Return, Mrs M. J. Leman  
 Address, 435 W. Henry St  
 Remarks, Delicate Mother 1st Twin



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3d child
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... colored
3. Date of Birth, ..... august 22nd
4. Place of Birth, (Street and Number) ..... York St
5. Full Name of Mother, ..... Mary Anderson
6. Mother's Maiden Name, ..... Mary Harman
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Jesse Anderson
9. Father's Occupation, ..... labour
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return, ..... Mrs Lydia Mottel
- Address, ..... no 4 patrick avenue
- Remarks, ..... healthy child

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 27-81

4. Place of Birth, (Street and Number)

No 241 N Ann St

5. Full Name of Mother,

Emma Jane Gussor

6. Mother's Maiden Name,

" Joyce

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin F. Gussor

9. Father's Occupation,

Courier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who  
makes this Return

of Anne M. Elliott

Address, 230 N. E. St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2d  
Female  
White  
Aug 22 1891  
72 Hamar Av  
M. S. R. Remy  
M. S. R. Dorschel  
City  
David H. Remy  
Officer in Navy  
Philadelphia  
113 10th St  
50 Hamar Av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

119639

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth *22nd of August 1881*
4. Place of Birth (Street and Number) *36 Callon St*
5. Full Name of Mother *Alberta Carter*
6. Mother's Maiden Name *Alberta Lucas*
7. Mother's Birthplace *Fredricksburg Va*
8. Full Name of Father *Jasper Carter*
9. Father's Occupation *Draymen*
10. Father's Birthplace *Fredricksburg Va*
- Name of Medical Attendant, or other Person who makes this Return. *Lavin Somerville*
- Address *13 Clinton ave*
- Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or intervene at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 22nd 1881

4. Place of Birth, (Street and Number)

1491 E. Monument St.

5. Full Name of Mother,

Elizabeth Ann Dougherty  
Bowling

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

Lewis Dougherty

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

C. P. Lyons M.D.

Address,

375 E. Balto St.

Remarks,

49661

HEALTH DEPARTMENT  
SEP 4 1961  
BALTIMORE

Remarks,

567 A. Broadway

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119663

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children  
Female  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Caucasoid  
 3. Date of Birth, Aug. 22<sup>nd</sup>  
 4. Place of Birth, (Street and Number) 290.2 Howard St.  
 5. Full Name of Mother, Mary Brown  
Whaley  
 6. Mother's Maiden Name, Fairfax C. H. V. a  
 7. Mother's Birthplace, Rev Presbyterian Brown  
 8. Full Name of Father, Baltimore  
 9. Father's Occupation, Baltimore  
 10. Father's Birthplace, Angeline Wilson  
184 Worners St.  
 Name of Medical Attendant, or other Person who makes this Return  
 Address,  
 Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

Male  
 colored

2. Race or Color (if not of the white race)

3. Date of Birth Aug 22 1881

4. Place of Birth (Street and Number) No 255 - Orleans St

5. Full Name of Mother Elizabeth Butler

6. Mother's Maiden Name Mrs Butler

7. Mother's Birthplace St Marys Co Md

8. Full Name of Father Gallenbur Butler

9. Father's Occupation Laborer

10. Father's Birthplace St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address 255 Orleans St the brook Wagon man

Remarks for next Return - sickness with the child's wife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49665

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex (state whether male or female) female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth Aug. 23/81  
 4. Place of Birth, (Street and Number) 106 McCulloch St.  
 5. Full Name of Mother Lillie E. Williams  
 6. Mother's Maiden Name Evell  
 7. Mother's Birthplace Houston Texas  
 8. Full Name of Father R. D. Williams  
 9. Father's Occupation Patent Attorney  
 10. Father's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this return. V. R. Fetterhoff, M.D.  
 Address 205 W. Biddle St.  
 Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



1st  
male  
white  
August 23rd 1892  
1853  
Sarah C. Jones  
Sarah C. Hall  
Baltimore Md  
John Jones  
Iron Moulder  
Baltimore Md  
Thos. Cook Jr  
140 Hanover

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 2nd 1888*

4. Place of Birth, (Street and Number) *666 Light*

5. Full Name of Mother, *Helena Mogg*

6. Mother's Maiden Name, *Helena Decker*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *James H. Mogg*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this return *Frederick C. R. J. P.*

Address *146 N. Main St.*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1901

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 23<sup>rd</sup> 1881

4. Place of Birth, (Street and Number) Baltimore, Martin St. A. 121

5. Full Name of Mother Mary M<sup>rs</sup>. Kenny

6. Mother's Maiden Name Arthur

7. Mother's Birthplace Ireland

8. Full Name of Father Joseph M<sup>rs</sup>. Kenny

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. G. Mitchell

Address No. 48 Parkin St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 119171

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 28<sup>th</sup> 1891
4. Place of Birth, (Street and Number) Baltimore Scott St. No. 168
5. Full Name of Mother Mary Benson
6. Mother's Maiden Name M. C. Gay
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Benson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. W. C. Mitchell
- Address No. 58 Parkin St.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Tuesday Aug 23<sup>rd</sup> 1881*  
 4. Place of Birth, (Street and Number) *40 Harrison Street*  
 5. Full Name of Mother, *Sarah Holtz*  
 6. Mother's Maiden Name, *Sarah Bernstein*  
 7. Mother's Birthplace, *Poland*  
 8. Full Name of Father, *Serv Holtz*  
 9. Father's Occupation, *Tailor*  
 10. Father's Birthplace, *Poland*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Davis*  
 Address, *Serv Holtz 40 Harrison St*  
 Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *23 birth and*

1. Sex, (state whether male or female) *Males*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 of August*

4. Place of Birth, (Street and Number) *82 Patterson Park*

5. Full Name of Mother, *Rosey Nelson*

6. Mother's Maiden Name, *Stitch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William J. Nelson*

9. Father's Occupation, *Marriner*

10. Father's Birthplace, *Jerome St. Co*

Name of Medical Attendant, or other Person who makes this Return *Mrs. G. G. G. G.*

Address. *No 12 Patterson Park*

Remarks, *twins*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, *August 3<sup>rd</sup> 1881*  
 4. Place of Birth, (Street and Number) *No 1301 S. Biddle St*  
 5. Full Name of Mother, *Maggie Mc Gilton*  
 6. Mother's Maiden Name, *Maggie Evans*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Samuel Mc Gilton*  
 9. Father's Occupation, *Street Paver*  
 10. Father's Birthplace, *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return *Mary A. McNeill*  
 Address, *25 E. 1<sup>st</sup> Denagh St*  
 Remarks, \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *August 23*
4. Place of Birth, (Street and Number) *Baltimore, Burgundy Alley, No. 210*
5. Full Name of Mother, *Josephine Guinchon*
6. Mother's Maiden Name, *Josephine Slack*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James A. Guinchon*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm. M. Shaffer*
- Address, *114 Ridgely*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *August 23, 1881*
4. Place of Birth, (Street and Number) *Baltimore Stockholm St No 70*
5. Full Name of Mother, *Louisa Kahl*
6. Mother's Maiden Name, *Leonia Gaebler*
7. Mother's Birthplace, *Baltimore, Md. D.*
8. Full Name of Father, *Charles Kahl*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mr. & Mrs. Shaffer*
- Address, *114 (Ridgely) St.*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Born August 23 1881*
4. Place of Birth (Street and Number) *W Baltimore James co. D. 29*
5. Full Name of Mother *Mary Elizabeth Miller*
6. Mother's Maiden Name *Mary Elizabeth Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frederick Charles Miller*
9. Father's Occupation *Mariner*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Smith*
- Address *Frederick Charles Miller*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *23 August*
4. Place of Birth, (Street and Number) *20 Hillen St*
5. Full Name of Mother, *Mina Hopkins*
6. Mother's Maiden Name, *Rindfleisch*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *Henry Hopkins*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Parla Casper*
- Address, *72 E. Lombard*
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *29 August*
4. Place of Birth, (Street and Number) *14 Carolina*
5. Full Name of Mother, *Marie Schmidt*
6. Mother's Maiden Name, *Wilbert*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Henry Schmidt*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Casper*
- Address, *72 Columbia*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race) White
3. Date of Birth august 23 1881
4. Place of Birth (Street and Number) 293 McHenry
5. Full Name of Mother Lidia Stiner
6. Mother's Maiden Name Lidia Morning Star
7. Mother's Birthplace Frederick Co
8. Full Name of Father andrew J Stiner
9. Father's Occupation Can. Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Kelley
- Address 992 Pratt St
- Remarks



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 23<sup>d</sup> 1901*
4. Place of Birth, (Street and Number) *308 N. Pratt St*
5. Full Name of Mother, *Josephine Druschel*
6. Mother's Maiden Name, *Josephine O'Vehm (Vehm)*
7. Mother's Birthplace, *Henzfeldt Hanover*
8. Full Name of Father, *Jacob Druschel*
9. Father's Occupation, *Paper Box Maker*
10. Father's Birthplace, *Milano Redden Turnhessen*
- Name of Medical Attendant, or other Person who make this Return *Bartholomew Weiss*
- Address, *1 E. Duquesne St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23rd
4. Place of Birth, (Street and Number) 234 S. Bond St.
5. Full Name of Mother, Edge Bollini
6. Mother's Maiden Name, Pelosi
7. Mother's Birthplace, Italy
8. Full Name of Father, Erich Bollini
9. Father's Occupation, Baker
10. Father's Birthplace, Italy
- Name of Medical Attendant, Mrs. Louise Carson  
or other Person who makes this Return
- Address, 1236 Baltimore Ave
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 49682
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
  - Sex (state whether male or female) *Female*
  - Race or Color (if not of the white race) *White*
  - Date of Birth *Aug. 23, 1881*
  - Place of Birth (Street and Number) *2nd Street, Maryland Ave.*
  - Full Name of Mother *Mrs. Virginia Hickman*
  - Mother's Maiden Name *Swoonley*
  - Mother's Birthplace *Fred K. Co., Md.*
  - Full Name of Father *Geo. S. Hickman*
  - Father's Occupation *Groceryman*
  - Father's Birthplace *Virginia*
  - Name of Medical Attendant, or other Person who makes this Return. *John Hood*
  - Address *322 Hollins St.*
  - Remarks *Very fine baby*

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth, Aug 23, 1881
  4. Place of Birth, (Street and Number) 446 E Chase St.
  5. Full Name of Mother, Sarah J. Hires
  6. Mother's Maiden Name, " Rame
  7. Mother's Birthplace, Connecticut
  8. Full Name of Father, Daniel C. Hires
  9. Father's Occupation, Livery Keeper
  10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other Person who makes this Return, M. H. Hite - M.D.
- Address, 317 N Broadway
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>th</sup>*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *23<sup>th</sup> August*

4. Place of Birth, (Street and Number) *20 Heller St.*

5. Full Name of Mother, *Mina Popiesky*

6. Mother's Maiden Name, *Biallich*

7. Mother's Birthplace, *Baltim. Md.*

8. Full Name of Father, *Henry Popiesky*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Lord Cooper*

Address, *42 E. Lombard St.*

Remarks, *Eight months child died 3 weeks after birth on convulsion*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- 149685
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 2nd*
4. Place of Birth (Street and Number) *No. 537 E. Baltimore St*
5. Full Name of Mother *Marina Hamilton*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *City*
8. Full Name of Father *John Hamilton*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Lynch M.D.*
- Address *151 Hancock St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of said city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24th

4. Place of Birth, (Street and Number) No 132 George St

5. Full Name of Mother, Mary Moser

6. Mother's Maiden Name, J. Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, John Moser

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. Sophie Sisson

Address, 4070 E. 70th St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49687

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 24<sup>th</sup> 1881
4. Place of Birth (Street and Number) Baltimore Welcome ally No 188
5. Full Name of Mother Rachel Smothers
6. Mother's Maiden Name Rachel Trehan
7. Mother's Birthplace A A Co Md
8. Full Name of Father Frank Smothers
9. Father's Occupation Stevordore
10. Father's Birthplace A A Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49655

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 24<sup>th</sup> 1891
4. Place of Birth, (Street and Number) No. 688 Hancock Street
5. Full Name of Mother, Fanny MacShaw
6. Mother's Maiden Name, Fanny McCrane
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mrs B MacShaw
9. Father's Occupation, Laborer
10. Father's Birthplace, West Virginia
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Henton
- Address, No 666 South Charles Street
- Remarks, ..

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 of August*

4. Place of Birth, (Street and Number) *1109 Franklin St*

5. Full Name of Mother, *Lizzie West*

6. Mother's Maiden Name, *Lizzie Washburn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Baltimore*

9. Father's Occupation, *Car*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Joseph Grady Baker*

Address, *1109 Franklin St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *7th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th of August*
4. Place of Birth, (Street and Number) *No. 1006 Charles St.*
5. Full Name of Mother, *Elizabeth Rudolph*
6. Mother's Maiden Name, *Lizzie Riley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Marcella Rudolph*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Joseph J. J. J. J.*
- Address, *No. 1006 Charles St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*First*  
*Female*  
*Mulatto*  
*Tuesday August 24<sup>th</sup>*  
*No 283 W Biddle St*  
*Louisa Casandra Burgess*  
*Louisa Casandra Foxsett.*  
*Baltimore City. M.D.*  
*Nathaniel J. Burgess*  
*Waiter.*  
*Baltimore City. M.D.*  
*Mrs. Mary O'Brien*  
*No. 10 Penn Alley.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 24<sup>th</sup> 1888
4. Place of Birth, (Street and Number) Baltimore St. Peter & Co. No. 55
5. Full Name of Mother John
6. Mother's Maiden Name John
7. Mother's Birthplace Germany
8. Full Name of Father Peter & Family
9. Father's Occupation Labourer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Miss C. M. Church
- Address No. 58 Paulina St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49693

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 24th August 1881
4. Place of Birth, (Street and Number) 66 William st
5. Full Name of Mother Kate M Adams
6. Mother's Maiden Name " " Mc Gee
7. Mother's Birthplace Balt.
8. Full Name of Father Frank Adams
9. Father's Occupation Telegraphist
10. Father's Birthplace Kent Co Md
- Name of Medical Attendant, or other Person who makes this return. H W. Websler M D
- Address 54 Barnet
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Twelfth  
Female  
White  
Aug. 24<sup>th</sup> '81  
197 Barry St.  
Sarah A. E. Gouder  
Sarah A. Small  
Maryland  
S. A. E. Gouder  
Laborer  
Maryland  
J. Dyer Smith M.D.  
221 Barry St.  
Natural Easy Labor

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *August 24th 1881*  
 4. Place of Birth (Street and Number) *No 33 St Calhoun St*  
 5. Full Name of Mother *Annie B. Mearns*  
 6. Mother's Maiden Name *Annie B. Pugh*  
 7. Mother's Birthplace *Mechanicstown Pa*  
 8. Full Name of Father *James Mearns*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Balto Md*  
 Name of Medical Attendant, or other Person who  
 made this Return. *J. J. Primer MD*  
 Address *41 N Carey St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 7

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 24/81

4. Place of Birth (Street and Number)

115 G. Street

5. Full Name of Mother

Caroline Rosenauer

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Lery Rosenauer

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. C. Cronson

Address

115 G. Street

Remarks

Child well developed and healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 24 August
4. Place of Birth, (Street and Number) Sheffield Street No 8
5. Full Name of Mother Barbara Gnan
6. Mother's Maiden Name " " Lelandark
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Gnan
9. Father's Occupation Schuhmacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Bank Street No 143
- Address
- Remarks WSS mauer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49699

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

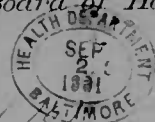


- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 24 1881*
4. Place of Birth (Street and Number) *Baltimore No 8 Chester St*
5. Full Name of Mother *Minnie Bankard*
6. Mother's Maiden Name *Minnie Link*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Bankard*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller. Mid wife*
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth  
Male

Aug 24<sup>th</sup> 1881  
253 Hartford Ave.  
Catherine Cority  
" Eckert  
Baltimore Md  
Henry Cority  
Carpenter  
Baltimore Md  
Regina A. Miller  
186 Hartford Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return.....
- Address,.....
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 24<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 21<sup>st</sup> 87 Brandon St
5. Full Name of Mother Mary Madden
6. Mother's Maiden Name Mary Bracey
7. Mother's Birthplace Ireland
8. Full Name of Father John Madden
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Harner
- Address 21<sup>st</sup> 18 Byrd St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 24, 1881.*
4. Place of Birth (Street and Number) *586 Lexington*
5. Full Name of Mother *Annin M. Hendley*
6. Mother's Maiden Name *Walton*
7. Mother's Birthplace *West Va.*
8. Full Name of Father *J. S. Hendley*
9. Father's Occupation *Tobaccoist*
10. Father's Birthplace *Md.*
- Name of Medical Attendant, or other Person who makes this Return. *John Hood*
- Address *322 Hollins St.*
- Remarks *True copy*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

447011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24<sup>th</sup> of August*
4. Place of Birth, (Street and Number) *No. 2 Federal Street*
5. Full Name of Mother, *Rosina Busby*
6. Mother's Maiden Name, *Rosina Schliker*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Busby*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 24<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *N 260 N Charles St*
5. Full Name of Mother, *Sophia Augusta Denison*
6. Mother's Maiden Name, *Sophia Augusta Pierce*
7. Mother's Birthplace, *Baltimore County Md*
8. Full Name of Father, *John M. Denison*
9. Father's Occupation, *No Occupation*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *or other Person who makes this Return.* *W. H. H. M.D.*
- Address, *N 114 Park Ave*
- Remarks,

"That any physician, accouchenr, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49706

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 24th*
4. Place of Birth, (Street and Number) *191 Columbia St.*
5. Full Name of Mother, *Sophia Lenderking*
6. Mother's Maiden Name, *"Sting"*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Phil Lenderking*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *or other Person who make this Return* *Dr. J. Rudolphson*
- Address, *166 S. Pacult*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25th August*

4. Place of Birth, (Street and Number) *1118 1/2 North St*

5. Full Name of Mother, *E. G. Russell*

6. Mother's Maiden Name, *Emily Andersen*

7. Mother's Birthplace, *Anne Arundel county*

8. Full Name of Father, *John Russell*

9. Father's Occupation, *Laborer Shipyard*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *George H. G. G. G.*

Address, *1118 1/2 North St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of its parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49708

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25 1881
4. Place of Birth, (Street and Number) No 553
5. Full Name of Mother, Tabitha Buckingham
6. Mother's Maiden Name, Tabitha Johnson
7. Mother's Birthplace, Charmersville, Es and
8. Full Name of Father, Jerome E. Buckingham
9. Father's Occupation, Brakeman on B. & O. R.R.
10. Father's Birthplace, Carroll, Es and
- Name of Medical Attendant, Elizabeth Hunter  
or other Person who makes this Return.
- Address, No 666 South Charles Street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 5
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... August 25 1881
4. Place of Birth, (Street and Number)..... No 662 South Charles Street
5. Full Name of Mother,..... Emma B Hoffman
6. Mother's Maiden Name,..... Emma B Harrison
7. Mother's Birthplace,..... Balt city and
8. Full Name of Father,..... Thomas B Hoffman
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return,..... Elizabeth Hinton
- Address,..... No 666 South Charles Street
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 25th 1881.  
229 1/2 Carrollton Road.  
Augusta S. Vickery.  
Augusta S. Henderson.  
London, England.  
Edward M. Vickery  
Merchant.  
Baltimore City.  
John A. Hyatt, M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 119711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3  
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 25-1881

4. Place of Birth, (Street and Number)

134 Wallhamer St

5. Full Name of Mother

Sapna Whalson A

6. Mother's Maiden Name

Eagle

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Whalson

9. Father's Occupation

laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Anna Nash

Address

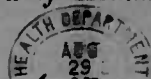
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st of children
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth August 24th
4. Place of Birth, (Street and Number) Woodbury St No 38
5. Full Name of Mother Margaret P Evans
6. Mother's Maiden Name Margaret P Benjamin
7. Mother's Birthplace Cecil Co Maryland
8. Full Name of Father John A Evans
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore Co Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll City
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49713

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*  
 1. Sex, (state whether male or female) *Boy*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *25th of August 1881*  
 4. Place of Birth, (Street and Number) *445 East Monument Street*  
 5. Full Name of Mother, *Christina Rubert*  
 6. Mother's Maiden Name, *Christina Briscoe*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Nicholas Briscoe*  
 9. Father's Occupation, *Maniller*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Carolina Hankel*  
 Address, *71 North Chapel Street per Justina Hankel*  
 Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th of August 1881*
4. Place of Birth, (Street and Number) *77 North Chapel Street*
5. Full Name of Mother, *Mary Grossman*
6. Mother's Maiden Name, *Mary Graf*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Graf*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who make this return *Dr. William Kunkel*
- Address, *17 North Chapel Street*
- Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th (6th)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 of August*

4. Place of Birth, (Street and Number) *No. 119 Port + Ave*

5. Full Name of Mother, *Molly Ward*

6. Mother's Maiden Name, *Nelly Kelly*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *William Ward*

9. Father's Occupation, *Labr*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who  
make this Return

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Thurs Aug 23<sup>rd</sup> 1881

4. Place of Birth, (Street and Number)

419 Forest St

5. Full Name of Mother

Margaret Hanfstengel Kerner

6. Mother's Maiden Name

Margaret Hanfstengel

7. Mother's Birthplace

Germany

8. Full Name of Father

Krich Kerner

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Katherine Doll

Address

419 Forest St

Remarks

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25 August 1881*
4. Place of Birth, (Street and Number) *No 1 Gillerger Court*
5. Full Name of Mother, *Annie Jones*
6. Mother's Maiden Name, *Rodes*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Jones*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary*
- Address, *No 12 Baltimore St. B. M.*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Female Mary D. A.D.D. 8/6/20
2. Race or Color (if not of the white race) White
3. Date of Birth August 25<sup>th</sup> 1887
4. Place of Birth (Street and Number) 121 North Stoltz Street
5. Full Name of Mother Stillie Cla. Meehan
6. Mother's Maiden Name Fore
7. Mother's Birthplace Richmond, Va.
8. Full Name of Father Edward E. Meehan
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. James E. McNamee, M.D.
- Address 68 S. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

24  
Female  
White  
Aug. 25-1881  
Cor. Orleans & Chesapeake  
Elizabeth Miller  
Elizabeth Flieg  
Balt - City  
Henry Miller  
Grocer  
Balt - City  
J. S. Amos



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 7*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 25/81*  
 4. Place of Birth (Street and Number) *811 W. Baltimore Str*  
 5. Full Name of Mother *Sarah Simmons*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Poland*  
 8. Full Name of Father *Jacob Simmons*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Poland*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Cronson M.D.*  
 Address *47.5 Disgust Str*  
 Remarks *Child well and healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Fifth

Male

White

Aug 25<sup>th</sup> 1881

170 Franklin St

Mary E Nelson

— Townsend

Winchester Co Md

Francis Fletcher Nelson

Carpenter

Winchester Co Md

Chas E Price M.D.

262 Mead Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *2-5*

4. Place of Birth (Street and Number) *Bethel St. No. 29*

5. Full Name of Mother *Lizzie Spencer*

6. Mother's Maiden Name *Lizzie Ashton*

7. Mother's Birthplace *West county, Virginia*

8. Full Name of Father *John W. Spencer*

9. Father's Occupation *Water*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this return *He enrecter Glasco*

Address *Health is good*

Remarks *the baby is good*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 25<sup>th</sup> 81

4. Place of Birth, (Street and Number)

No 29 N 2nd St

5. Full Name of Mother,

Mary Sturgeon

6. Mother's Maiden Name,

Mary Stayner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Augustus T Sturgeon

9. Father's Occupation,

Shuckster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who

Chas A. Arnold

Address, 206 N Donagh St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1197211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 84
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 25<sup>th</sup> 1881
4. Place of Birth (Street and Number) 383 Division St
5. Full Name of Mother Kate Duter
6. Mother's Maiden Name Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father Geo Duter
9. Father's Occupation Cardriver
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler M.D.
- Address 565 Grand Hill Ave
- Remarks

"That any physician, scout, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25 1881
4. Place of Birth, (Street and Number) 156 Choptank St
5. Full Name of Mother, Emily Smith
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brats
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. C. Hays
- Address, 103 N. E. Ave.
- Remarks, Healthy

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49726

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25, 1901
4. Place of Birth, (Street and Number) S. Bond St., No. 152
5. Full Name of Mother, Elizabeth Starkland
6. Mother's Maiden Name, Elizabeth Weigand
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Starkland
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address 1620 North Ave. No. 26

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49727

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 16 Xarves St
5. Full Name of Mother, Hana Krieb
6. Mother's Maiden Name, Piepel
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Ed. Krieb
9. Father's Occupation, clerk
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this return Mrs. Sarah Carpenter
- Address, 72 E Lombard
- Remarks,



That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49728

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 25<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *214 Canton Ave*
5. Full Name of Mother *Elizabeth Rogers*
6. Mother's Maiden Name *Guthman*
7. Mother's Birthplace *City*
8. Full Name of Father *George Rogers*
9. Father's Occupation *Cropper*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bolst*
- Address *120 Bank St*
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *C.*
3. Date of Birth, *2d & 3d August 23. 1881*
4. Place of Birth, (Street and Number) *No. 71. Carlton St.*
5. Full Name of Mother, *Christina Hall*
6. Mother's Maiden Name, *Duncan*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Abraham Hall*
9. Father's Occupation, *Gravestone*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this return *Chas. W. Jeff*
- Address *206 W. Fayette St.*
- Remarks *Arm. Presentation*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 29<sup>th</sup> 1891*
4. Place of Birth, (Street and Number) *53 Bank St. Baltimore*
5. Full Name of Mother, *Minnie Paff Pacey*
6. Mother's Maiden Name, *Minnie Paff*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Perivial Charles Pacey*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Sumner*

Address, *111 S. Washington St.*

Remarks,

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 25<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *334 Eastern Avenue Baltimore*

5. Full Name of Mother, *Maggie Mulohy Kennedy*

6. Mother's Maiden Name, *Maggie Mulohy*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Kennedy*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return

Address, *Mrs Mary E. Quinn  
171 South Washington St.*

Remarks,

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 25<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Madison Alley Baltimore*
5. Full Name of Mother, *Louisa Bause Boudann*
6. Mother's Maiden Name, *Louisa Bause*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michel Boudann*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Shinn*
- Address, *171 East Washington Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119733

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 25<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *1408 N. Vauxhall St*
5. Full Name of Mother, *Alice G. Woodard*
6. Mother's Maiden Name, *Alice G. Griffiths*
7. Mother's Birthplace, *York Co. Md*
8. Full Name of Father, *A. H. Woodard*
9. Father's Occupation, *Coal Merchant*
10. Father's Birthplace, *West Co. Md*
- Name of Medical Attendant, or other Person who makes this return *Theodore Cooke M.D.*
- Address *1408 N. Vauxhall St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st boy*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 25 8*
4. Place of Birth (Street and Number) *26 E. Liberty St*
5. Full Name of Mother *Annie Annellia Blake*
6. Mother's Maiden Name
7. Mother's Birthplace *Chesapeake*
8. Full Name of Father *James Matthews*
9. Father's Occupation *Job work*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Madam Sally A. Hester*
- Address *12 Wilmore Alley*
- Remarks

*Delayed on account of father absent*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



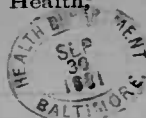
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *August 25, 1881*
4. Place of Birth (Street and Number) *332 August St.*
5. Full Name of Mother *Mary Elizabeth Stines.*
6. Mother's Maiden Name *Mary Elizabeth Kelley.*
7. Mother's Birthplace *Allegany*
8. Full Name of Father *George A. Stines.*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Allegany*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Hon. M. D.*
- Address *75 E. Baltimore St.*
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of said city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25th. 1881.

4. Place of Birth, (Street and Number)

No 158. N. Central av.

5. Full Name of Mother,

Jane Miller

6. Mother's Maiden Name,

Jane Leal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. M. A. Buell

Address,

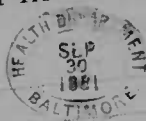
No. 185. E. Cor. Central av. & Monument St.

Remarks,

See Well.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 25th 1881*

4. Place of Birth, (Street and Number) *1013 E. Equith St.*

5. Full Name of Mother, *Ella Suld*

6. Mother's Maiden Name, *Ella Hopkins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John W. Suld*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. H. A. Butt*

Address, *1815 E. Cor Central av. & Monument St.*

Remarks, *Well*

Persons in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2ed*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 25th 1881.*
4. Place of Birth, (Street and Number) *No 78 Mulikin St*
5. Full Name of Mother, *Winnie Kleeber*
6. Mother's Maiden Name, *Winnie Doerschmidt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Kleeber*
9. Father's Occupation, *Actor, Dramatist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. V. Bull*
- Address, *No 185 E. Centre St. as N. Monument St.*
- Remarks, *All Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 25. 1881.*
4. Place of Birth (Street and Number) *(104 N. Carey St) temporarily in Balto County.*
5. Full Name of Mother *Mary Emma Stewart McAllister*
6. Mother's Maiden Name *" " "*
7. Mother's Birthplace *New York.*
8. Full Name of Father *Wm Hector McAllister*
9. Father's Occupation *clergyman*
10. Father's Birthplace *Connecticut*
- Name of Medical Attendant, or other Person who makes this Return *Ch Lane Daneyhill*
- Address *129 H Riddle St.*
- Remarks

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

No 448 Light st  
Aug 26 1881  
Mathew Peters

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
Christian Peters  
Laborer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

America  
J. Longasser midwife  
330 Hemmer st.

Address,

Remarks,

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *the 5<sup>th</sup>*

1. Sex, (state whether male or female) ... *Male*

2. Race or Color, (if not of the white race) ... *white*

3. Date of Birth, ... *Aug. 26<sup>th</sup>*

4. Place of Birth, (Street and Number) ... *817 W. Baltimore St.*

5. Full Name of Mother, ... *Elisabeth Schaub*

6. Mother's Maiden Name, ... *Perber*

7. Mother's Birthplace, ... *Germany*

8. Full Name of Father, ... *Otto Schaub*

9. Father's Occupation, ... *Shoemaker*

10. Father's Birthplace, ... *Germany*

Name of Medical Attendant, or other Person who makes this Return ... *Mrs. Dwyer*

Address ... *No. 60 N. Schroeder St.*

Remarks,



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 11 16th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th August 1894

4. Place of Birth, (Street and Number) 1112 York St

5. Full Name of Mother, Mary Randels

6. Mother's Maiden Name, Mary Leask

7. Mother's Birthplace, Ireland

8. Full Name of Father, Frank Randels

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, Joseph J. Gorman, 1112 York St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(4)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26<sup>th</sup> Aug

4. Place of Birth, (Street and Number)

65 North Caroline St

5. Full Name of Mother,

Johannah Courtney

6. Mother's Maiden Name,

Johannah Hatten

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Courtney

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

125 North Caroline St

Remarks,



any person, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

497114

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *W.C.*
3. Date of Birth, *26th August 1881*
4. Place of Birth, (Street and Number) *St. North Mt. Chapel Street*
5. Full Name of Mother, *Kate Baister*
6. Mother's Maiden Name, *Kate Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Marst Wagner*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Christian Kunkel*
- Address, *11 North Mt. Chapel Street per Justice Kunkel*
- Remarks, *Del. Gt.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

44743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Aug 26th 81

4. Place of Birth, (Street and Number)

No 55 S Monument St

5. Full Name of Mother,

Emmeline Brooks

6. Mother's Maiden Name,

Pallois

7. Mother's Birthplace,

Freeville

8. Full Name of Father,

George A. Brooks

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Freeville

Name of Medical Attendant, or other person who makes this return

George A. Brooks

Address,

55 S Monument St

Remarks,

12

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY,



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1<sup>st</sup>)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 26<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No. 66 South Central Avenue
5. Full Name of Mother Mrs. Lena Heuschman
6. Mother's Maiden Name Miss L. Schnigger
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mrs. Otto Heuschman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. William H. Glenderson M.D.
- Address No. 102 North Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2nd, 3rd, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Black

3. Date of Birth

Aug 26

4. Place of Birth (Street and Number)

Soules St 77

5. Full Name of Mother

Mary Francis Taylor

6. Mother's Maiden Name

" " Coleman

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William Taylor

9. Father's Occupation

Laborer

10. Father's Birthplace

Md

Name of Medical Attendant, or other Person who makes this Return.

John A. Smith

Address

1 E Bar South + Edm +

Remarks

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

5<sup>th</sup> Child  
Male

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

Aug 26<sup>th</sup> 81  
148 8 Wall st

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

Cathern Fortmann  
Wife

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

America

8. Full Name of Father, ..

Bernard Fortmann  
Laborer

9. Father's Occupation, ..

10. Father's Birthplace, ..

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife  
330 Monrover st.

Address, ..

Remarks, ..

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 26 - 81

4. Place of Birth, (Street and Number)

No 5 Keiser St

5. Full Name of Mother,

Harriett C. Hamilton

6. Mother's Maiden Name,

Harriett C. Jones

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Frank Hamilton

9. Father's Occupation,

Horse Trader

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May A. Allwell

Address, 286 N. E. Dorough St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 August

4. Place of Birth, (Street and Number) 6 South St

5. Full Name of Mother, Marie Lunawan

6. Mother's Maiden Name, Ekhuern

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Will Lunawan

9. Father's Occupation, Wagoner

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Casper

Address, 72 E. Carroll

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 26<sup>th</sup> 1897*
4. Place of Birth, (Street and Number) *22 Camden St*
5. Full Name of Mother, *Mary Knabe*
6. Mother's Maiden Name, *and Buresch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederic Knabe*
9. Father's Occupation, *Bar Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Conrad M.D.*
- Address, *170 N. Sharp St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 26, 1891*

4. Place of Birth, (Street and Number) *Muliken St. 10*

5. Full Name of Mother, *Lizzie Rappolt*

6. Mother's Maiden Name, *Lizzie Schaefer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Rappolt*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Harry C. Quilter*  
or other Person who makes this Return

Address, *Muliken St. No. 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



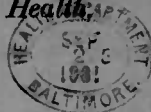
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Bt*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 26 1881*
4. Place of Birth, (Street and Number) *Farley St. Baltimore*
5. Full Name of Mother, *Mary Jones*
6. Mother's Maiden Name, *Rhoda Decock*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Jones*
9. Father's Occupation, *Car. Mfg. Baltimore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Marshall E. Jones*
- Address, *193 Chester St.*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 26th 1881
4. Place of Birth, (Street and Number) 830 East Ave.
5. Full Name of Mother Rose Maria
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph P. Maria
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. L. L.
- Address 630 East Ave.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 26<sup>th</sup> 1881
4. Place of Birth (Street and Number) 100 Maderia Alley
5. Full Name of Mother Anna Raffzki
6. Mother's Maiden Name " Mayer
7. Mother's Birthplace Polen
8. Full Name of Father Jacob Raffzki
9. Father's Occupation Laborer
10. Father's Birthplace Polen
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Betz
- Address 120 Bank St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *August 26th 1881*

4. Place of Birth (Street and Number) *24 S. Gist St.*

5. Full Name of Mother *Gertha Herr*

6. Mother's Maiden Name *Gebhart*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Julius Herr*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Goltz*

Address *120 Bait St.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 26<sup>th</sup> 1911*
4. Place of Birth, (Street and Number) *214 Ridgely St*
5. Full Name of Mother, *Nate Schell*
6. Mother's Maiden Name, *" Hillberg*
7. Mother's Birthplace, *Kur - Hesse - Germany*
8. Full Name of Father, *John Schell*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Kur - Hesse - Germ.*
- Name of Medical Attendant, or other Person who make this Return *Mary Root*
- Address *1328 South Euterop St*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 8d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Jan. 26 1881
4. Place of Birth, (Street and Number)..... H. Durham St. No. 4
5. Full Name of Mother,..... Elizabeth M. [unclear]
6. Mother's Maiden Name,..... [unclear]
7. Mother's Birthplace,..... [unclear]
8. Full Name of Father,..... George M. [unclear]
9. Father's Occupation,..... [unclear]
10. Father's Birthplace,..... [unclear]
- Name of Medical Attendant, or other Person who makes this Return,..... [unclear]
- Address,..... [unclear]
- Remarks,..... [unclear]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 26<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 21<sup>st</sup> 551 Light st
5. Full Name of Mother Jacob Snyder
6. Mother's Maiden Name Sarah Gardner
7. Mother's Birthplace Baltimore
8. Full Name of Father William Snyder
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Warner
- Address 21<sup>st</sup> 18 Byrd st
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug. 26, 1881*  
4. Place of Birth (Street and Number) *785 N. Lombard St*  
5. Full Name of Mother *Fannie C. Ehardt*  
6. Mother's Maiden Name *Smith*  
7. Mother's Birthplace *Balt.*  
8. Full Name of Father *Chas. F. Ehardt*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Balt.*  
Name of Medical Attendant, or other Person who makes this Return. *John Hood*  
Address *322 Hollins St.*  
Remarks *Free boy, didn't urinate for 3 days  
I was little for size but is now doing well.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 26 1887
4. Place of Birth, (Street and Number) 387 N. Gay St.
5. Full Name of Mother Mary Lucy Schirwiger
6. Mother's Maiden Name Will
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles F. Schirwiger
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. F. Edmunds
- Address 474 N. Gay St.
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

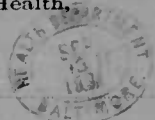


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 24 1881*
4. Place of Birth, (Street and Number) *123 Franklin St*
5. Full Name of Mother, *Susie S. Paine*
6. Mother's Maiden Name, *McClain*
7. Mother's Birthplace, *Albany, Vermont*
8. Full Name of Father, *J. W. Paine*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Albany, Vermont*
- Name of Medical Attendant, or other person who makes this return. *W. C. Foster M.D.*
- Address, *5 W. Fayette & Calhoun sts*
- Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1

1. Sex, (state whether male or female) ... a little boy
2. Race or Color, (if not of the white race) ... of white race
3. Date of Birth, ... born Friday 26 August
4. Place of Birth, (Street and Number) ... born Friday No 14 Armit street
5. Full Name of Mother, ... Helena A. Lithman
6. Mother's Maiden Name, ... Helena Thibaut
7. Mother's Birthplace, ... born A. Breilau
8. Full Name of Father, ... Jacob A. Lithman
9. Father's Occupation, ... Jacob Tailor
10. Father's Birthplace, ... Russian Polon

Name of Medical Attendant, or other person who makes this Return

Address, ... No 14 Armit street

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 26th. 1881*
4. Place of Birth, (Street and Number) *No. Chester St. bet. Madison & Chew?*
5. Full Name of Mother, *Mrs. Leech*
6. Mother's Maiden Name, *M. Hall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Leech*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt*
- Address, *No. 185 N. 3rd. cor Central. r.o. & Monument St.*
- Remarks, *All Well.*

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 26th*
4. Place of Birth, (Street and Number) *2246 S. Paca st*
5. Full Name of Mother, *Barbara Roach*
6. Mother's Maiden Name, *King*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Steven Roach*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *C. L. Byidentohn*
- Address, *166 S. Paca st.*
- Remarks, \_\_\_\_\_

This city may make, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) ..

*Male*

2. Race or Color, (if not of the white race) ..

*White*

3. Date of Birth, ..

*27 of August*

4. Place of Birth, (Street and Number) ..

*No 329 W*

5. Full Name of Mother, ..

*Rosa Buckley*

6. Mother's Maiden Name, ..

*Rosa Jostnich*

7. Mother's Birthplace, ..

*Prussia*

8. Full Name of Father, ..

*Henry R Buckley*

9. Father's Occupation, ..

*Labour*

10. Father's Birthplace, ..

*Prussia*

Name of Medical Attendant, or other Person who makes this Return

*Joseph Drake*

Address, ..

*No 125 W 11th St*

Remarks, ..

Print any previous record of, ill, wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

121

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 2<sup>nd</sup>

4. Place of Birth, (Street and Number)

81 Mc Elday St

5. Full Name of Mother,

Elizabeth Hager

6. Mother's Maiden Name,

Elizabeth Hager

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hager

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

125 North Caroline St

Remarks,



1. The birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(2)

1. Sex, (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 27th

4. Place of Birth, (Street and Number)

477 E. 1st St.

5. Full Name of Mother,

Mary Doerflinger

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Doerflinger

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walker

Address,

125 N. Caroline St.

Remarks,

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49769

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, 21 August 1895

4. Place of Birth, (Street and Number) 1415 S. 1st St.

5. Full Name of Mother, do. Miller

6. Mother's Maiden Name, Sarah Dean

7. Mother's Birthplace, West Virginia

8. Full Name of Father, John William

9. Father's Occupation, laborer

10. Father's Birthplace, American born

Name of Medical Attendant, or other Person who makes this Return, Sarah Miller

Address, 250 West 1st St.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 27*

4. Place of Birth (Street and Number) *45 So. Bayview St*

5. Full Name of Mother *Elizabeth Linnell*

6. Mother's Maiden Name *Elizabeth Linnell*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Linnell*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *59 South Howard St*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st August
4. Place of Birth, (Street and Number) 502 Eastern Ave
5. Full Name of Mother, Magray
6. Mother's Maiden Name, Shinnick
7. Mother's Birthplace, Germany
8. Full Name of Father, George Magraw
9. Father's Occupation, Librarian
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, Dr. Wiley  
or other Person who makes this return
- Address, 13 Patterson Park Ave
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.) *One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *27 August 27 1881*
4. Place of Birth, (Street and Number) *15 Register St*
5. Full Name of Mother,
6. Mother's Maiden Name, *Alveta Johnson*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, (or other Person who makes this Return) *Lucinda Woolford*
- Address, *32 Register St*
- Remarks, *Remarks*

and also at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fill in every space, according to the instructions, and send to the Registrar of Births, who will send you a copy of the report, and also of the children's birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 27th 1881*
4. Place of Birth, (Street and Number) *1311 Franklin St*
5. Full Name of Mother, *Leonora Shultz*
6. Mother's Maiden Name, *Bund*
7. Mother's Birthplace, *Manchester Mex*
8. Full Name of Father, *Kozejekich Shultz*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Manchester Mex*
- Name of Medical Attendant, or other Person who makes this Return, *Edw. C. Price M.D.*
- Address, *262 Madison Ave*
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 27-81

4. Place of Birth, (Street and Number)

No 520 N Gay St

5. Full Name of Mother,

Isabella Keagle

6. Mother's Maiden Name,

Isabella Hanson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry B. Keagle

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May A. Allwell

Address, 280 E. Donagh St

Remarks,



That any physician, surgeon, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 27, 1881

4. Place of Birth, (Street and Number)

42 Hill St

5. Full Name of Mother,

Margaret Doyle

6. Mother's Maiden Name,

Margaret Muller

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Doyle

9. Father's Occupation,

Blackman

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Richard W. Waring

Address,

1 Lindenfield St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 27th 1881

4. Place of Birth (Street and Number) 362 Alice Ave st

5. Full Name of Mother Lizzie Samuel

6. Mother's Maiden Name Thirschman

7. Mother's Birthplace Cite

8. Full Name of Father Henry Samuel

9. Father's Occupation Copper

10. Father's Birthplace Cite

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gato

Address 120 Bank St

Remarks

That any physicians, accoucheurs, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

August 27<sup>th</sup> 1881

4. Place of Birth (Street and Number)

175 E Broadway

5. Full Name of Mother

Dorothy Diehl

6. Mother's Maiden Name

Willmann

7. Mother's Birthplace

Germany

8. Full Name of Father

Adams Diehl

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth B. B. / 120 B. B. St.

Address

Remarks

This copy of birth, marriage, divorce, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49778

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *September 27th 1881*
4. Place of Birth, (Street and Number) *23 North St.*
5. Full Name of Mother, *Mella Anderson*
6. Mother's Maiden Name, *Wisner*
7. Mother's Birthplace, *Sweden*
8. Full Name of Father, *Charles Anderson*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Sweden*

Name of Medical Attendant, *Dr. J. H. Anderson*  
or other person who makes this return.

Address, *4th St. N. W. 1st*

Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *27 May 1891*
4. Place of Birth, (Street and Number) *213 S. Wald St.*
5. Full Name of Mother, *Mary Granville*
6. Mother's Maiden Name, *Erwig*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Granville*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Scotland*
- Name of Medical Attendant, or other Person who makes this Return *Mary Steiny*
- Address, *151 E. Pratt St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

27<sup>th</sup> of August

4. Place of Birth (Street and Number)

117 E. Biddle St

5. Full Name of Mother

Maggie Müller

6. Mother's Maiden Name

Maggie Hoffstedt

7. Mother's Birthplace

Balto. County

8. Full Name of Father

John H. D. Müller.

9. Father's Occupation

Bar keeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Louisa A. C. Overton

Address

390 N. Washington St

Remarks

Healthy and healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 27, 1887.*
4. Place of Birth (Street and Number) *33 S. Stetson*
5. Full Name of Mother *Laura R. Frizelle*
6. Mother's Maiden Name *Taylor*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Geo. M. Frizelle*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Canal Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *John Harold*
- Address *322 Hollins st.*
- Remarks *Fine Boy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Eighth*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*August 27th 1881*

4. Place of Birth (Street and Number)

*Carroll St near Staden*

5. Full Name of Mother

*Jane McDintock*

6. Mother's Maiden Name

*Kyle*

7. Mother's Birthplace

*U.S.A.*

8. Full Name of Father

*George McDintock*

9. Father's Occupation

*R.R. Supervisor*

10. Father's Birthplace

*U.S.A.*

Name of Medical Attendant, or other Person who makes this Return.

*E. J. Williams M.D.*

Address

*17 Calvermont St*

Remarks

**...of your business in the City of Baltimore.**

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

- |  |                              |
|--|------------------------------|
| 1. Sex (state whether Male or Female)                            | Female                       |
| 2. Race or Color (if not of the white race)                      | Dark Indigo                  |
| 3. Date of Birth   | August 24 <sup>th</sup> 1901 |
| 4. Place of Birth (Street and Number)                            | 367 West 11 <sup>th</sup>    |
| 5. Full Name of Mother   | Union Butler                 |
| 6. Mother's Maiden Name  | James                        |
| 7. Mother's Birthplace   | Baltimore City               |
| 8. Full Name of Father   | Isaiah Butler                |
| 9. Father's Occupation   | laborer                      |
| 10. Father's Birthplace  | Baltimore City               |
| Name of Medical Attendant, or other Person who makes this return | Aborilla Brooks              |
| Address  | 214 W. 11 <sup>th</sup> St.  |
| Remarks  | Living Well                  |



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth Sept 9 1881
4. Place of Birth, (Street and Number) 225 Williams St
5. Full Name of Mother Mary J. Syatt
6. Mother's Maiden Name Mary J. Macbeth
7. Mother's Birthplace Wm
8. Full Name of Father Wm. C. Syatt
9. Father's Occupation Inspector
10. Father's Birthplace Eastern Pa
- Name of Medical Attendant, or other Person who makes this Return. J. H. H. H. H.
- Address 18 Franklin
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6<sup>th</sup> one.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *August 27<sup>th</sup>*
4. Place of Birth, (Street and Number) *Baltimore, Saratoga Street #405*
5. Full Name of Mother, *Lizzie Henkel*
6. Mother's Maiden Name, *Lizzie Buchroald*
7. Mother's Birthplace, *Hillburghausen*
8. Full Name of Father, *Henry Alfred Henkel*
9. Father's Occupation, *Confectioner*
10. Father's Birthplace, *Leipzig*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *No. 60 Schroeder St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 25 28th August*
4. Place of Birth, (Street and Number) *1125 Wisconsin St*
5. Full Name of Mother, *Anna Madrak*
6. Mother's Maiden Name, *Anna Galligan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Michael Madrak*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child.*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 28<sup>th</sup>*
4. Place of Birth, (Street and Number) *340 S. Street*
5. Full Name of Mother, *Mary Malambur*
6. Mother's Maiden Name, *" Patterson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Malambur*
9. Father's Occupation, *Agent*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *C. H. Harris M.D.*
- Address, *340 S. Street & Patterson*
- Remarks,

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr 28 of August
4. Place of Birth, (Street and Number) No 89 N. Lommes St
5. Full Name of Mother Marge Grilling
6. Mother's Maiden Name Marge Kraft
7. Mother's Birthplace Baltimore
8. Full Name of Father Hen. Anton Kraft
9. Father's Occupation Bugler
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Christina Lauer
- Address 177 Harbor view
- Remarks 1881

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *First Child*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *August 28th/88*
4. Place of Birth, (Street and Number)..... *no 216 South Sharp St*
5. Full Name of Mother,..... *Mary Stauff*
6. Mother's Maiden Name,..... *" Zellmann*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *George Stauff*
9. Father's Occupation,..... *Leigh Maker*
10. Father's Birthplace,..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return,..... *Mrs Schlieffe*
- Address,..... *no 20 Columbia St*
- Remarks,.....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *August 28-81*
4. Place of Birth, (Street and Number) *No 420 E. Eager St*
5. Full Name of Mother, *Mary E. Whitaker*
6. Mother's Maiden Name, *Mary E. Gill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Dorsey H. Whitaker*
9. Father's Occupation, *Junk Dealer*
10. Father's Birthplace, *M D*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Russell*
- Address, *280 N. Donagh St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49791

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colord*

3. Date of Birth *August 28th 1881*

4. Place of Birth (Street and Number) *Biddle St 273*

5. Full Name of Mother *Emma Clark*

6. Mother's Maiden Name *Emma Simms*

7. Mother's Birthplace *Hagerstown Md.*

8. Full Name of Father *Robert H. Clark*

9. Father's Occupation *Writer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias*

Address

Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 August

4. Place of Birth, (Street and Number)

27 Pleasant

5. Full Name of Mother,

Marie Mahone

6. Mother's Maiden Name,

Ward

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

John J. Mahone

9. Father's Occupation,

Council Man

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return

J. E. Lombard

Address,

1100 Pasa Carper

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd,*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Sunday August 28th. 1881*  
4. Place of Birth (Street and Number) *52 Hampstead St.*  
5. Full Name of Mother *Mary McKenna*  
6. Mother's Maiden Name *Mary Curry*  
7. Mother's Birthplace *Philadelphia Pa*  
8. Full Name of Father *Michael McKenna*  
9. Father's Occupation *Police Officer*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *Webster Brintow, M.D.*  
Address *25 1/2 Greenmount Ave*  
Remarks *Verly Presentation*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 28. 1881

4. Place of Birth (Street and Number)

187 Saratoga

5. Full Name of Mother

Mary German

6. Mother's Maiden Name

Ironmonger

7. Mother's Birthplace

Ind.

8. Full Name of Father

Frank W. German

9. Father's Occupation

Physician

10. Father's Birthplace

Ind.

Name of Medical Attendant, or other Person who makes this Return.

Dr Morgan

Address

119 W. Monument St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28<sup>th</sup> Twenty eighth August*
4. Place of Birth, (Street and Number) *13 Stockholm street*
5. Full Name of Mother, *Mary Lora Bendeneald*
6. Mother's Maiden Name, *Mary Lora Schmidt*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Bendeneald*
9. Father's Occupation, *Glass-blower*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return *Dr. W. W. King*
- Address, *1 Landerburg St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *August 28<sup>th</sup>, 1881*  
4. Place of Birth, (Street and Number) *#226 Lexington St*  
5. Full Name of Mother, *Catharine Bohm*  
6. Mother's Maiden Name, *" Finstieble*  
7. Mother's Birthplace, *Sachsen - Weimar Germany*  
8. Full Name of Father, *Christian Bohm*  
9. Father's Occupation, *Restaurant Keeper*  
10. Father's Birthplace, *Sachsen - Weimar "*  
Name of Medical Attendant, or other Person who makes this Return *Mary Koch*  
Address *328 South Euter St*  
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *August 28 1881*
4. Place of Birth, (Street and Number) *Baltimore Burgundy Alley No. 191*
5. Full Name of Mother, *Matilda Jewell*
6. Mother's Maiden Name, *Matilda Jenkins*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick Jewell*
9. Father's Occupation, *Sealer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mr. J. A. Shaffer*
- Address, *No. 114 Bridgely Street*
- Remarks, \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28<sup>th</sup> August 1881*
4. Place of Birth, (Street and Number) *Baltimore M. D. 37. Burke Street*
5. Full Name of Mother, *Maggie Schader.*
6. Mother's Maiden Name, *Maggie Haag.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Schader.*
9. Father's Occupation, *Brush Maker.*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. Wiley*  
or other Person who makes this Return

Address, *No. 2 Pullender Park St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sunday August 28<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) No. 222 Eastern Ave.
5. Full Name of Mother, Mary Hapkins
6. Mother's Maiden Name, Mary Cant.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John, Dulson Hapkins
9. Father's Occupation, Marine Fireman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. Wiley
- Address No. 12 Sixth St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49807

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born August 28
4. Place of Birth, (Street and Number) Beale Court no 20, Baltimore Md.
5. Full Name of Mother Sarah Jane Stewart
6. Mother's Maiden Name Sarah Jane Hall
7. Mother's Birthplace Cockeysville Baltimore County
8. Full Name of Father William Stewart
9. Father's Occupation Brick Maker
10. Father's Birthplace Spring St Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Campbell
- Address 509 Union Allen
- Remarks Nea Crocker Street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119802

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
- Sex, (state whether male or female) *Female*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *August 28th 1881*
  - Place of Birth, (Street and Number) *146 Line St. Balto Md*
  - Full Name of Mother, *Martha Jane Towson*
  - Mother's Maiden Name, *Martha Jane Green*
  - Mother's Birthplace, *Baltimore Md*
  - Full Name of Father, *William H Towson*
  - Father's Occupation, *Car Maker*
  - Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes the Return *W. A. Ledley*
- Address *No 62 W. Schroeder St. F.*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119803

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female).... *Male* *Howard C. - 5/2/80*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 28/81*

4. Place of Birth, (Street and Number) *58 S Carey St*

5. Full Name of Mother, *Charlotte Virginia Smith*

6. Mother's Maiden Name, *Schneider*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Leanda Gustaf*

9. Father's Occupation, *Paul Matchman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *J. M. Regester M.D.*  
or other Person who makes this Return.

Address, *117 N. Light St Baltimore*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of August
4. Place of Birth, (Street and Number) 15. Calverly St
5. Full Name of Mother, Elizze Partlow
6. Mother's Maiden Name, Englis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Partlow
9. Father's Occupation, Brick maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Wiley
- Address, No 16 Patterson Park Rd
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

119805

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether Male or Female) Female -  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Aug - 28. 81.  
 4. Place of Birth (Street and Number) Carey St. between Jannet & Mosher  
 5. Full Name of Mother Kate Jordan  
 6. Mother's Maiden Name Kate Harper -  
 7. Mother's Birthplace Balto. Md -  
 8. Full Name of Father Wm. J. Jordan  
 9. Father's Occupation Fruit Packer -  
 10. Father's Birthplace Balto. Md  
 Name of Medical Attendant, or other Person who makes this Return. Jas. J. King, M.D.  
 Address 215 Carroll St. -  
 Remarks

at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. *Ref.*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 28, 1881*
4. Place of Birth (Street and Number) *348 South Bond St.*
5. Full Name of Mother *Josephine L. Moran*
6. Mother's Maiden Name *Do Do Goodhue*
7. Mother's Birthplace *New York*
8. Full Name of Father *Lemuel Moran*
9. Father's Occupation *Stencorer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louisa Smith*
- Address *The child name Mary Loretta Moran*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 28. 1881
4. Place of Birth (Street and Number) 155 Ponton St
5. Full Name of Mother Margaret Abelle
6. Mother's Maiden Name Barber
7. Mother's Birthplace St. Mary's Co.,
8. Full Name of Father Edinboro Mills
9. Father's Occupation Master
10. Father's Birthplace St. Mary's Co
- Name of Medical Attendant, or other Person who makes this Return. J. C. Atkinson M.D.
- Address 223 Madison Ave
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

44808  
SEP 27 1891  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 28, 1891*
4. Place of Birth, (Street and Number) *1279 Eastern Ave*
5. Full Name of Mother, *Mary Pratt*
6. Mother's Maiden Name, *McCrinn*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Worth*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person, who makes this Return, *Dr. C. M. Smith*
- Address, *1279 Eastern Ave*
- Remarks, *Dr. C. M. Smith*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5-Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 28th*

4. Place of Birth, (Street and Number) *1817 Claret Alley*

5. Full Name of Mother, *Addell Chew*

6. Mother's Maiden Name, *Chase*

7. Mother's Birthplace, *Calicut. C. I.*

8. Full Name of Father, *Charles Chew*

9. Father's Occupation, *Balimoon*

10. Father's Birthplace, *Brick Maker*

Name of Medical Attendant, or other Person who makes this Return *Mrs Angelina Wilson*

Address, *184 Monner St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th August*
4. Place of Birth, (Street and Number) *No 272 Balsep Ave*
5. Full Name of Mother, *Mary Patton*
6. Mother's Maiden Name, *Mary Kelly*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Patrick Patton*
9. Father's Occupation, *Labr.*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who make this Return *Joseph J. Hughes*

Address, *117 S. 11th St*

Remarks,

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female)..... *female*
2. Race or Color, (if not of the white race)..... *Colored*
3. Date of Birth,..... *18 2 Hughes St*
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,..... *Frances McKenry*
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... *New Bedford Mass*
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this return. *Merice Potter*
- Address, *at 156 Welcome Alley*
- Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child  
Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

August  
City of No 120 Saratoga St  
Selma Herman  
" " Ketter  
Baltimore  
George Herman  
Clerk.  
Baltimore.  
Mr Lindner  
No 7 S Monroe St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *August 29-81*
4. Place of Birth, (Street and Number) *No 168 Biddle St*
5. Full Name of Mother, *Bertha Gunter*
6. Mother's Maiden Name, *Bertha Scheidt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Hermann G. Gunter*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Chas A. Allard*
- Address, *286 E. Donagh St*
- Remarks, \_\_\_\_\_

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

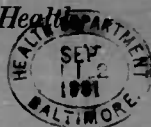


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 29 August
4. Place of Birth, (Street and Number) 28 S High
5. Full Name of Mother, Para Eduard
6. Mother's Maiden Name, Fisch
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Alfred Eduard
9. Father's Occupation, Hooper
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other person who makes this return Mrs Para Casper
- Address, 72 E Lombard
- Remarks, .....

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 29 August
4. Place of Birth, (Street and Number) Shepherd Street West
5. Full Name of Mother Mari Wacht
6. Mother's Maiden Name " " Boeket
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Wacht
9. Father's Occupation Ingenieur
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Bankstreet 80123
- Address \_\_\_\_\_
- Remarks Miss Mauser



any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 29, 1901*

4. Place of Birth, (Street and Number) *S. Durham St. No. 31.*

5. Full Name of Mother, *Margaretha Gindee*

6. Mother's Maiden Name, *Margaretha Kuhnner*

7. Mother's Birthplace, *Bornachstein Gr. Hesse, Germany*

8. Full Name of Father, *Edward Gindee*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Cresnach, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *12 Dallas St. No. 26.*

Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 29, 1881*
4. Place of Birth, (Street and Number) *E. Pratt St. No 284*
5. Full Name of Mother, *Luphia E. Bauer*
6. Mother's Maiden Name, *Luphia E. Zickelum*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John B. Bauer*
9. Father's Occupation, *Turner*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *119 Pratt St. No 284*

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Tuesday Aug 28th*
4. Place of Birth (Street and Number) *No 53 Stockholm St*
5. Full Name of Mother *Rachel Chambers*
6. Mother's Maiden Name *Rachel Dossy*
7. Mother's Birthplace *Feldrick County*
8. Full Name of Father *Steven Chambers*
9. Father's Occupation *Libern man*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Misses Mills No 46 Stockholm St*
- Address *No 46 Stockholm St*
- Remarks *hear and the Baby is Doing well so far*

and any physician, doctor, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49819

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

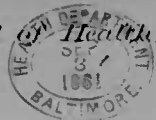


- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2d Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th August 1881.*
4. Place of Birth, (Street and Number) *29 South Wolf street.*
5. Full Name of Mother, *Emma Reiss*
6. Mother's Maiden Name, *Emma Reiss*
7. Mother's Birthplace, *Freestark Md.*
8. Full Name of Father, *Willie Reiss*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chapel street per Justina Kunkel.*
- Remarks, *Healthy.*

I, the undersigned Physician, Accoucher, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, 29th Aug. 1881  
4. Place of Birth, (Street and Number) 53 N. Wolfe St.  
5. Full Name of Mother, Maria Victoria Fuller  
6. Mother's Maiden Name, Cook  
7. Mother's Birthplace, Anne Arundel Co. Md.  
8. Full Name of Father, Josiah Warren Fuller  
9. Father's Occupation, House Carpenter  
10. Father's Birthplace, City  
Name of Medical Attendant, or other Person who makes this Return, E. P. Evans  
Address, 373 Baltimore St.  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49821

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 29<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *210 Franklin St*
5. Full Name of Mother *Mary Parr Digg*
6. Mother's Maiden Name *Mary Parr*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *J. Ross Digg*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *L. S. Wilkes, M.D.*
- Address *24 Cathedral St*
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) .....

*Male*

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

*August 29 1881*

4. Place of Birth, (Street and Number) .....

*Baltimore Walker st No 7*

5. Full Name of Mother, .....

*Annie Kirchner*

6. Mother's Maiden Name, .....

*Annie Brown*

7. Mother's Birthplace, .....

*Germany*

8. Full Name of Father, .....

*Julius Kirchner*

9. Father's Occupation, .....

*Sealor*

10. Father's Birthplace, .....

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Wm. H. Shaffer*

Address, .....

*114 Ridgely St*

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 Aug 1891*
4. Place of Birth, (Street and Number) *No 11 Beards St*
5. Full Name of Mother, *Gertrude Reginald*
6. Mother's Maiden Name, *Paula Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Reginald*
9. Father's Occupation, *Engineer of Baltimore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Harry W. Hargrave*  
or other Person who makes this Return.
- Address, *Baltimore*
- Remarks, *See No. 26.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third  
Female

White

Aug 29/91

295

Lawson St

Bridget O'Connell

Child

"

Ireland

James O'Connell

Laborer

Ireland

Dr. J. Rogers (M.D.)

1167 Bayview & Calloway

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug 29th 1881

4. Place of Birth (Street and Number)

2 Seldner St

5. Full Name of Mother

Lotta Smith

6. Mother's Maiden Name

Lotta Smith

7. Mother's Birthplace

Easter Shere Maryland

8. Full Name of Father

Zachariah Woods

9. Father's Occupation

Drayman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Caroline Moore

Address

2 Seldner St

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 2nd ..

Name of Medical Attendant, or other Person who makes this Return, H. C. D. L. Dault N.Y.

Every physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 29<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *169 S. Chester Street*
5. Full Name of Mother *Maggie M. Greeley*
6. Mother's Maiden Name *Wrightson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thos. F. Greeley*
9. Father's Occupation *Male Charmer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *James J. McKane, M.D.*
- Address *8 S Broadway*
- Remarks

That any Physician, Accomacheor, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

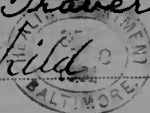
Address

Remarks

*Katherine Mary Travers*

BALTIMORE CITY.

*5 Child*



*Female*

*White*

*29th August 1881*

*423 Eastern Ave*

*Katherine Travers*

*Armstrong*

*Baltimore*

*George Travers*

*Salver*

*Baltimore*

*Mr. Wiley*

*101 Patterson Park St*

GIVEN NAME ADDED

*12-19-87*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 29<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *143 Bond St.*
5. Full Name of Mother, *Elyabeth Markes*
6. Mother's Maiden Name, *Linck*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Markes*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return. *Mrs. C. Bernstein*
- Address, *113 E. Lombard St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *from 2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 29th 1881*
4. Place of Birth, (Street and Number) *409 South Sharp St., Baltimore*
5. Full Name of Mother, *Francis Ann Reynolds*
6. Mother's Maiden Name, *Francis Ann Seymour*
7. Mother's Birthplace, *St. Michael, Talbot co., Md*
8. Full Name of Father, *Samuel Reynolds*
9. Father's Occupation, *Fireman; B. & O. R. R.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,





that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 29<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *101 N. Stricker St.*
5. Full Name of Mother, *Sarah E. Smith*
6. Mother's Maiden Name, *Barker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank A. Smith*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Va*
- Name of Medical Attendant, or other Person who makes this Return, *J. Walter White, M.D.*
- Address, *79 N. Gilman St*
- Remarks,

That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21.9832

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "SEP 21 1955" is stamped in three lines.

1024-

Female

White:

Aug 29<sup>th</sup> 1881

84. Mulberry St-

Kati Bourbon

W. G. Linsie

Belmont

A. C. Bourne

~~At Galt's~~ Cook

New York City -

W. S. Barker, sold.

152 Madison St.

Remarks

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second*

1. Sex, (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*Negro*

3. Date of Birth,

*Aug. 30/81*

4. Place of Birth, (Street and Number)

*Maternity Hospital 161 W Lombard St*

5. Full Name of Mother,

*Kate Hancy*

6. Mother's Maiden Name,

*"*

7. Mother's Birthplace,

*Somerset Les Ind*

8. Full Name of Father,

*Arthur*

9. Father's Occupation,

10. Father's Birthplace,

*Ed Compton Mrs.*

Name of Medical Attendant, or other Person who makes this Return

Address,

*161 W Lombard St*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

First  
Female

August 30<sup>th</sup> 1880

161 W. Lombard St. (Malverick)

Maloney Dietzberg

Baltimore, Md.

Unknown

D. L. Betting M.D.

Res. Physician

Legitimate

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

117836

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 30 of August
4. Place of Birth, (Street and Number) No. 156 Sterling St
5. Full Name of Mother Margie Waigout
6. Mother's Maiden Name Margie Garbheat
7. Mother's Birthplace Germany
8. Full Name of Father Anton Garbheat
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant or other Person who makes this Return. Mrs Christina James
- Address 175 Harbor em. 1871
- Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30 at 81  
1678 Port av.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emma Monkmeier  
Lennert

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Monkmeier  
Barbar

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwassers midwife  
330 Hanover st.

Address,

Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White  
Aug 30 1881  
72 Stanw. av.  
Anna, McPhail  
Anna, McPhail  
Canada  
John. McPhail  
Lead Pipe Manufac  
Scotland  
H. B. Noble M.D.  
50 Stanw. av.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

119838

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *30 August*
4. Place of Birth, (Street and Number) *157 E Lombard*
5. Full Name of Mother, *Elisa Heinz*
6. Mother's Maiden Name, *Kronmiller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Will Heinz*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sara Casper*
- Address, *72 E Lombard*
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 female  
female  
white

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 30 1891

4. Place of Birth (Street and Number)

131 Ramber St

5. Full Name of Mother

Bridget O'Connell

6. Mother's Maiden Name

Bridget O'Connell

7. Mother's Birthplace

Ireland

8. Full Name of Father

James O'Connell

9. Father's Occupation

laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs S. Thelley

Address

792 Pratt St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

498110

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30th 1881

4. Place of Birth, (Street and Number)

307 Harford Ave  
Christina Hammond

5. Full Name of Mother,

Hess

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

W. Hammond

8. Full Name of Father,

Number

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Wm. A. Winter

Name of Medical Attendant, or other Person who makes this Return.

307 Harford Ave

Address,

Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *August 30<sup>th</sup> 1881.*

4. Place of Birth, (Street and Number) *78 Lexington St.*

5. Full Name of Mother, *Barbara Catherine Stein.*

6. Mother's Maiden Name, *" " Gahn.*

7. Mother's Birthplace, *Baltimore City, Md.*

8. Full Name of Father, *Lewis Stein.*

9. Father's Occupation, *Shoemaker.*

10. Father's Birthplace, *Baltimore City, Md.*

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

*Paul Herman Weiss*  
*1 Snodgrass St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> child
1. Sex, (state whether male or female). female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 30<sup>th</sup> 5.30 A.M.
4. Place of Birth, (Street and Number) No. 1440 1<sup>st</sup> Baltimore St.
5. Full Name of Mother, Anna Marie Drotter Becker
6. Mother's Maiden Name, Hiddendorf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Rudolph Becker
9. Father's Occupation, Freemason
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return. Mrs. Schleier 20 Columbia Ave.
- Address,
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who  
makes this Return.

Address

Remarks

19843  
Second  
Male  
White  
August 30<sup>th</sup> 1881  
82. Boundary St  
Mary E. Hazlehurst  
Mary E. Norris  
Baltimore  
Frank Hazlehurst  
Merchant  
Baltimore  
J. T. Miles, M.D.  
24 Cathedral St

I am any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49544

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18, 1901
4. Place of Birth, (Street and Number) 15 S. Washington St.
5. Full Name of Mother, Laura Croft
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Croft
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Croft
- Address # 28 E. Canton St.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th August*
4. Place of Birth, (Street and Number) *227 North Street*
5. Full Name of Mother, *Margaret Packer*
6. Mother's Maiden Name, *Maria Schaefer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles T. Packer*
9. Father's Occupation, *Broker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who make this Return *Dr. J. H. Packer*
- Address, *26 Franklin Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Aug 30/81  
 4. Place of Birth (Street and Number) 247 N. Eden door 2 of Madison  
 5. Full Name of Mother Elizabeth A. Brown  
 6. Mother's Maiden Name E. A. Brannier  
 7. Mother's Birthplace City  
 8. Full Name of Father Geo M. Brown  
 9. Father's Occupation Painter  
 10. Father's Birthplace City  
 Name of Medical Attendant, or other Person who makes this Return. W. H. B. M. D.  
 Address 256 N. Eden St.  
 Remarks



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30<sup>th</sup> August 1881
4. Place of Birth, (Street and Number) 28 Styles St
5. Full Name of Mother, Julie Ann O'Malley
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Albert O'Malley
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, Dr. George Druscheck  
or other Person who makes this Return
- Address, 423 N. Broadway
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *W.C.*
3. Date of Birth *June 30. 1881*
4. Place of Birth (Street and Number) *30 Race St*
5. Full Name of Mother *Laura L Jones*
6. Mother's Maiden Name *" " Johnson*
7. Mother's Birthplace *md*
8. Full Name of Father *Geo. W. Jones*
9. Father's Occupation *waiter*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Sam. Daneyhell*
- Address *129 W. Biddle St.*
- Remarks *Breach presentation: face down: born in 2 hours: no instruments: no expel: no chloroform.*

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug 3rd 81*
4. Place of Birth, (Street and Number) *99 N Howard St.*
5. Full Name of Mother, *Fanny Schell*
6. Mother's Maiden Name, *Fanny Kinnear*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Sam'l Schell*
9. Father's Occupation, *Livery Stable Keeper*
10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

*S. Keller M.D.*  
*89 N. Roscoe St.*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Fifth.*  
*Male*  
*White*  
*Aug. 30, 1881*  
*1428 N. Calhoun Ave.*  
*Hollie E. Angerman*  
*" " " "*  
*Calhoun Family Mrs*  
*John H. Angerman*  
*Merchant*  
*St. Louis, Mo.*  
*Dr. G. S. Cooper M.D.*  
*116 S. Fayette & Calhoun*

and any other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Aug 30<sup>th</sup> 1881*  
4. Place of Birth, (Street and Number) *145 South Washington Street*  
5. Full Name of Mother, *Fanny E Henderson*  
6. Mother's Maiden Name, *Fanny E Sinclair*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *John W. Henderson*  
9. Father's Occupation, *United States - Signal Service*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Hannah Knowles*  
Address, *136 South Caroline St*  
Remarks, *Natural*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49859

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 31st 1881*

4. Place of Birth, (Street and Number) *Douglas st.*

5. Full Name of Mother, *Anna Levin*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Heiman Levin*

9. Father's Occupation, *Roller*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this return. *Mr. C Bernstein*

Address, *1186 Lombard St.*

Remarks,

to be filled in, accompanied, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th August 1881*
4. Place of Birth, (Street and Number) *293 Thacker Street Baltimore*
5. Full Name of Mother, *Mary B. Penty*
6. Mother's Maiden Name, *Mary B. Penty*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *John S. Penty*
9. Father's Occupation, *Plum*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Harry L. Byrd, M.D.*
- Address, *225 N. Thacker Street Baltimore*
- Remarks, *Natural labor, vertex presentation, Mother & infant doing well.*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)...

1. Sex, (state whether male or female) *Aug 30, 1881*  
2. Race or Color, (if not of the white race) *65 N. Gay St.*  
3. Date of Birth, *Mary Ann Kaiser*  
4. Place of Birth, (Street and Number) *" " Denning*  
5. Full Name of Mother, *Baltimore*  
6. Mother's Maiden Name, *Ann Kaiser*  
7. Mother's Birthplace, *German of American*  
8. Full Name of Father, *Fredrick M*  
9. Father's Occupation, *W. M. White - M.D.*  
10. Father's Birthplace, *47 N. Broadway*  
Name of Medical Attendant, or other Person who makes this Return  
Address,  
Remarks,



THE REGISTRAR, Recorder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 30th 1881*
4. Place of Birth, (Street and Number) *No 291 Forest Street*
5. Full Name of Mother, *Bernudeana Knögel*
6. Mother's Maiden Name, *Bernudeana Gendrizig*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Cowrad Knögel*
9. Father's Occupation, *Wood Carver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs M. F. Butt.*
- Address, *No 185 L.E. cor. Center & Monument St.*
- Remarks, *All Well.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Female

White

Aug 30/81

Harford at at Bridle

Elyza J Edel

Elyza J Croc

Balt. Md

Saml J Edel

Breton Dealer

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. L. ...

Address,

143 N Charles

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 117557

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 31, 1881
4. Place of Birth, (Street and Number) 459 N. Fremont St
5. Full Name of Mother Regenia S. Purlong
6. Mother's Maiden Name Quinton
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father John Miller Purlong
9. Father's Occupation Carpenter
10. Father's Birthplace Switzerland, 1842
- Name of Medical Attendant, or other Person who makes this Return. Christian M. D.
- Address 431 Remond Ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

149555

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth August 31 1886  
4. Place of Birth, (Street and Number) 127 Pennsylvania Ave  
5. Full Name of Mother Lidia Virginia Malice  
6. Mother's Maiden Name Minchen  
7. Mother's Birthplace Balto. City  
8. Full Name of Father Alex. Stevens Malice  
9. Father's Occupation House furnishing Goods  
10. Father's Birthplace Balto. City  
Name of Medical Attendant, or other Person who makes this Return. H. H. Harrison M.D.  
Address 431 Penna. Ave  
Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who makes this Return.

Address,...

Remarks,

3d

Female

White

Aug 31<sup>st</sup>

146 Mosher St

Jillie C. Taylor

Jillie C. Keenan

Baltimore

Allen W. Taylor

Merchant

Baltimore

J. C. Ruess

No. 2. Cathedral St

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 21 1894

4. Place of Birth (Street and Number)

266 E. Dager St.

5. Full Name of Mother

Daniel M. A. General

6. Mother's Maiden Name

Mitchell

7. Mother's Birthplace

Port Deposit, Md.

8. Full Name of Father

Geo. D. Harwood

9. Father's Occupation

Clerk

10. Father's Birthplace

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

J. L. Wilson

Address

77 S. Brady

Remarks

1. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex, (state whether male or female) *Female,*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Aug 31. 1881.*
4. Place of Birth, (Street and Number) *187 Barclay St -*
5. Full Name of Mother, *Mary A. Hoffman*
6. Mother's Maiden Name, *Adelstein.*
7. Mother's Birthplace, *Md*
8. Full Name of Father, *Bernard Hoffman*
9. Father's Occupation, *Grocer*
10. Father's Birthplace, *Md*
- Name of Medical Attendant, or other Person who makes this Return *Dr Morgan*
- Address, *119 W Monument St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49562

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 21<sup>st</sup> 1881.

4. Place of Birth, (Street and Number)

14 S. Wolfe St.

5. Full Name of Mother,

Johanna Raubach

6. Mother's Maiden Name,

Gumpert.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gustav Raubach

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. H. Eich, M.D.

Address,

44 N. Broadway

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 31st 1881*
4. Place of Birth, (Street and Number) *West Baltimore 779*
5. Full Name of Mother, *Marietta Durbin*
6. Mother's Maiden Name, *Ledrum*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Alfred Durbin*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *E. L. Baldwin*

Address, *124 n Exeter st*

Remarks,

# RETURN OF A BIRTH,

## To the Office of Registrar of Vital Statistics, Board of Health,

### BALTIMORE CITY.



119511

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Full Name of Father \_\_\_\_\_

8. Father's Occupation \_\_\_\_\_

9. Father's Birthplace \_\_\_\_\_

10. Name of Medical Attendant, \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, make at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within three days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

or other Person who makes this return.

Male  
White  
August 31. 1881  
145 - Beass  
Kate J. J. J. J. J.  
Baltimore  
Louis J. J. J. J. J.  
Baltimore  
Mrs. Anna Nash

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, seconchoent mid-wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth, (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (~~State whether~~ 1st, 2d, 3d, etc.) 1st

1. Sex, (~~State whether male or female~~) .....
2. Race or Color, (~~if not of the white race~~) .....
3. Date of Birth, 31<sup>st</sup> August 81
4. Place of Birth, (Street and Number) 351 Mulberry St
5. Full Name of Mother, Mollie S. Bawn
6. Mother's Maiden Name, Stine
7. Mother's Birthplace, Balt.
8. Full Name of Father, James Bawn
9. Father's Occupation, clerk
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, .....

W. Oving  
48 W. Calhoun St.

<sup>a</sup> That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *Aug 31*
4. Place of Birth, (Street and Number) *212 S. Dallas St.*
5. Full Name of Mother, *Julie Miller Chester*
6. Mother's Maiden Name, *Chester Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Chester*
9. Father's Occupation, *Carter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise C. Krap*
- Address, *236 Benton*
- Remarks,

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31/95
4. Place of Birth, (Street and Number) 332 Canton Ave
5. Full Name of Mother, Mary Schmidt
6. Mother's Maiden Name, Amberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Gerhard Schmidt
9. Father's Occupation, Labour
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Rapp
- Address, 7336 Canton Ave
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

and any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

1. Sex, (state whether male or female) *Female* BALTIMORE  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Aug. 31<sup>st</sup> 1881*  
4. Place of Birth, (Street and Number) *22 Willow St*  
5. Full Name of Mother, *Abbie Hennessy*  
6. Mother's Maiden Name, *Abbie Lyon*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *John Hennessy*  
9. Father's Occupation, *Barber Maker*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, *or other Person who makes this return* *W. L. M. Hunter M.D.*  
Address, *36 Government Ave.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 31st, 1881
4. Place of Birth, (Street and Number) No 11 Irving Place
5. Full Name of Mother Mrs. Susan F. Zimmerman
6. Mother's Maiden Name Mrs. Susan F. Key
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. John C. Zimmerman
9. Father's Occupation Produce Dealer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this return. Mr H C Lendinen, M.D.
- Address 1102 N. Broadway
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49870

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)....
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation, ...
10. Father's Birthplace, ...

Female.

White.

August 31st 1888.

246 George st.

Mary G. Rand,

Mary Gasteide

Baltimore Cas Md.

John A Rand,

Cabinet-Maker

New Hampshire.

John H. Hemmingson, M.D.

134 N. Carrollton Ave

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 31/81*
4. Place of Birth (Street and Number) *38 Bank St*
5. Full Name of Mother *Kate Sauer*
6. Mother's Maiden Name *Kate Burns*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Andrew Sauer*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte A Lewis*
- Address *162 Hanover St*
- Remarks

Any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 31<sup>st</sup> 1881*

4. Place of Birth, (Street and Number) *231 Park St Baltimore*

5. Full Name of Mother, *Luell Schmuller nee*

6. Mother's Maiden Name, *Luell Schmuller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Phillip Weaver*

9. Father's Occupation, *Shoemaking*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Mrs Mary E. Sumner*

or other Person who makes this Return

Address, *111 Washington St*

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 31<sup>st</sup> 1891 Baltimore
4. Place of Birth, (Street and Number) No 6 East Street
5. Full Name of Mother, Katharina Patterson Mahany
6. Mother's Maiden Name, Katharine Patterson
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Mahany
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, Mrs Mary E. Shining  
or other Person who makes this Return
- Address, No 171 South Washington St
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49874

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1* *Subur*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31 August 1881*
4. Place of Birth (Street and Number) *24 Lomb St No 208*
5. Full Name of Mother *Frankziska May*
6. Mother's Maiden Name *Frankziska Trill*
7. Mother's Birthplace *Loftville*
8. Full Name of Father *John Trill*
9. Father's Occupation *Carver*
10. Father's Birthplace *Loftville*
- Name of Medical Attendant, or other Person who make this Return. *John Trill*
- Address *Loftville*
- Remarks *Baltimore Dec 7 September 1881*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49873

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) male -
2. Race or Color (if not of the white race) white
3. Date of Birth Aug. 31. 81 S. W. Cor. Hammond & W. 1st St.
4. Place of Birth (Street and Number) S. W. Cor. - Hammond & W. 1st St.
5. Full Name of Mother Catharine Belle Lazenby
6. Mother's Maiden Name " " Hapson
7. Mother's Birthplace Balta. Md.
8. Full Name of Father Frank M. Lazenby
9. Father's Occupation Commission Merchant
10. Father's Birthplace Georgetown, D. C.
- Name of Medical Attendant, or other Person who makes this Return. John J. King M.D.
- Address 215 N. Carroll St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female) .....

Male

2. Race or Color, (if not of the white race) .....

White

3. Date of Birth, .....

Aug 31/81

4. Place of Birth, (Street and Number) .....

N. 53<sup>rd</sup> St. N. Amity St

5. Full Name of Mother, .....

Annie Fischer

6. Mother's Maiden Name, .....

Annie Demitz

7. Mother's Birthplace, .....

Balto. City, Md

8. Full Name of Father, .....

Chas. Fischer

9. Father's Occupation, .....

Tailor

10. Father's Birthplace, .....

Balto. City, Md.

Name of Medical Attendant, or other Person who makes this Return

Address, .....

No 60 Schroeder St.

Remarks, .....

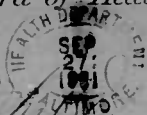
Good



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 27 1891*
4. Place of Birth, (Street and Number) *180 N. High St.*
5. Full Name of Mother, *Mary Hatch*
6. Mother's Maiden Name, *Connelly*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Walsh*
9. Father's Occupation, *Carman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. B. ...*
- Address, *214 ...*
- Remarks, *...*

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether male or female) Female -
2. Race or Color, (if not of the white race) white
3. Date of Birth Aug. 31/81 -
4. Place of Birth, (Street and Number) No. 201 Bond Hill Avenue
5. Full Name of Mother Margaret Yakel
6. Mother's Maiden Name Burkamp
7. Mother's Birthplace Balto. City, Md.
8. Full Name of Father Louis Yakel
9. Father's Occupation Drug Clerk
10. Father's Birthplace Balto. City, Md.
- Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight - M.D.
- Address 112 N. Greene St.
- Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31 August 81*
4. Place of Birth (Street and Number) *52 Washington St.*
5. Full Name of Mother *Frances Rebecca White.*
6. Mother's Maiden Name *Phillips*
7. Mother's Birthplace *N. I. H.*
8. Full Name of Father *John Henry White*
9. Father's Occupation *Sailor*
10. Father's Birthplace *N. I. H.*
- Name of Medical Attendant, or other Person who makes this Return. *E. Jones, W. Williams, M. H.*
- Address *17 Patuxent St.*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Birth, 30. June 1907

4. Birth, (Street and Number) 111 E. 1st St.

5. Name of Mother, Mari Smith

6. Maiden Name, Smith

7. Birthplace, Russia

8. Name of Father, Geo. Smith

9. Father's Occupation, Seaman

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, J. H. Smith

Address, 111 E. 1st St.

Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 31/81-
4. Place of Birth, (Street and Number) No. 201 South Hill Avenue
5. Full Name of Mother Margaret Yakel
6. Mother's Maiden Name Burkamp
7. Mother's Birthplace Balto. City Md.
8. Full Name of Father Louis Yakel
9. Father's Occupation Dry Clerk
10. Father's Birthplace Balto. City Md.
- Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
- Address 112 N. Greene St.
- Remarks \_\_\_\_\_



at any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Birth, *West Baltimore*

4. Birth, (Street and Number) *1112 1/2 St.*

5. Name of Mother, *Mrs. Mary*

6. Maiden Name, *Mrs. Mary*

7. Birthplace, *Baltimore*

8. Name of Father, *Geo. Lewis*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Smith*

Address, *1112 1/2 St.*

Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 of June

4. Place of Birth, (Street and Number)

4 Bruce

5. Full Name of Mother,

Martine Jane Finch

6. Mother's Maiden Name,

Martine Jane Hudson

7. Mother's Birthplace,

Hartford

8. Full Name of Father,

William Wesley Finch

9. Father's Occupation,

Sleeping Clerk Wm & Wood & Co

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charlotte Ann Johnson

Address,

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Galsbour*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *10 of June*
4. Place of Birth, (Street and Number) *Baltimore Chesnutally 190*
5. Full Name of Mother, *Mary Galsbour*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Collet co Md*
8. Full Name of Father, *Isaac Galsbour*
9. Father's Occupation, *Wagon carrier*
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

47583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

August 26/81

4. Place of Birth, (Street and Number)

275 Franklin St

5. Full Name of Mother,

Sarah E. Dougherty

6. Mother's Maiden Name,

Pleiger

7. Mother's Birthplace,

city

8. Full Name of Father,

Geo. A. Dougherty

9. Father's Occupation,

Brooklyn Washer

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Dougherty

Address,

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 1*
4. Place of Birth, (Street and Number) *No 16 Larnman Alley*
5. Full Name of Mother, *Charlet Wallies*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Don't know*
9. Father's Occupation, *Don't know*
10. Father's Birthplace, *Don't know*
- Name of Medical Attendant, or other Person who makes this Return *Philip Balke*
- Address, *No 65 Carlton St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex, (state whether male or female) ... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1<sup>st</sup> Sept 1881*
4. Place of Birth, (Street and Number) *481 Mulberry St.*
5. Full Name of Mother, *S. Elizabeth Chandler*
6. Mother's Maiden Name, *Black*
7. Mother's Birthplace, *Ohio*
8. Full Name of Father, *John S. Chandler*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *W. O. Sims*
- Address, *481 Mulberry St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*  
1. Sex, (state whether male or female) *Boy*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *21 of September 1891*  
4. Place of Birth, (Street and Number) *17 South Chapel Street*  
5. Full Name of Mother, *Essabella Kraus*  
6. Mother's Maiden Name, *Essabella Smith*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *John Smith*  
9. Father's Occupation, *Laborer*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return *Crescentia Rankel*  
Address, *21 North Chapel Street per Justina Rankel*  
Remarks, *Healthy*

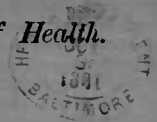
RECEIVED BY THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

119517

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 28 1891

4. Place of Birth, (Street and Number) 1547 Gaudin St

5. Full Name of Mother Maria J. Hare

6. Mother's Maiden Name Maria J. Lee

7. Mother's Birthplace Baltimore

8. Full Name of Father John Hare

9. Father's Occupation Artist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Gaudin

Address 1547 Gaudin St

Remarks \_\_\_\_\_



That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

719588  
1891  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth September 1st
4. Place of Birth, (Street and Number) 156 Pennsylvania Ave
5. Full Name of Mother Lissie Brown
6. Mother's Maiden Name Lizzie Warner
7. Mother's Birthplace Baltimore
8. Full Name of Father George Warner
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. A. The Surgeon
- Address 375 Pennsylvania Ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

49589

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 24 1887

4. Place of Birth, (Street and Number)

145 S. Duane St

5. Full Name of Mother,

Rizze Pearson

6. Mother's Maiden Name,

Rizze Bellert

7. Mother's Birthplace,

Halter County Ind

8. Full Name of Father,

Peter Pearson

9. Father's Occupation,

carrier

10. Father's Birthplace,

Halter County Ind

Name of Medical Attendant, or other Person who makes this Return.

M. Dean Spencer

Address,

N 150 S. Duane Alley

Remarks,

# RETURN OF A BIRTH,

49890

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
Sex (state whether male or female) Male  
Race or Color, (if not of the white race) White race  
Date of Birth September the 1st  
Place of Birth, (Street and Number) Baltimore William St No 206  
Full Name of Mother Jeanette Akers  
Mother's Maiden Name Jeanette Brownrigg  
Mother's Birthplace Frederick  
Full Name of Father Daniel Akers  
Father's Occupation Boiler-maker  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn  
Address William St No 294  
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Frank John Mac Alpine  
Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1st 1881

4. Place of Birth, (Street and Number)

Box Belknap & Baker Sts.

5. Full Name of Mother,

Ada Lorenza McAlpine.

6. Mother's Maiden Name,

Ada Lorenza Hutchinson.

7. Mother's Birthplace,

Canada

8. Full Name of Father,

William McAlpine.

9. Father's Occupation,

Teacher of Music.

10. Father's Birthplace,

Canada.

Name of Medical Attendant, or other Person who makes this Return

Isabella G. Taylor, M.D.

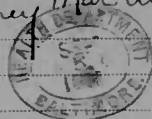
Address.

77 North Stricker St.

Remarks.

See document file Reg. No 49891.

J. E. Velmer - Reg. Mar. 21-1939.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 1st September 1881
4. Place of Birth, (Street and Number) 84 Lee St
5. Full Name of Mother Annie Spedden
6. Mother's Maiden Name Cook
7. Mother's Birthplace Boston Co. Ind.
8. Full Name of Father Edward Spedden
9. Father's Occupation Merchant
10. Father's Birthplace Boston Co. Ind.
- Name of Medical Attendant, or other Person who makes this Return. J. W. Webster M.D.
- Address 57 Barr
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st and*
1. Sex, (state whether male or female) *male child*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Sept 6 1881*
4. Place of Birth, (Street and Number) *Chopenly Lane 142*
5. Full Name of Mother, *Louise Hart*
6. Mother's Maiden Name, *Louise Hall*
7. Mother's Birthplace, *West Prussia*
8. Full Name of Father, *Peter Hart*
9. Father's Occupation, *labor*
10. Father's Birthplace, *North West Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Shollis Proctor midwife*
- Address, *No 10 Calhoun St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *first of September*  
 4. Place of Birth (Street and Number) *72 Rose street*  
 5. Full Name of Mother *Mary Cadden*  
 6. Mother's Maiden Name *Mary Connelley*  
 7. Mother's Birthplace *Howard County.*  
 8. Full Name of Father *Louis Cadden*  
 9. Father's Occupation *Builder*  
 10. Father's Birthplace *Howard County*  
 Name of Medical Attendant, or other Person who makes this return *May L. Swann*  
 Address *1057 Gay street*  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119893

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 1, 1881*
4. Place of Birth, (Street and Number) *St. Peter of Hermann & Cath. St.*
5. Full Name of Mother, *Caroline Pitt*
6. Mother's Maiden Name, *Caroline Baake*
7. Mother's Birthplace, *Bruck, N. Prussia, Germany*
8. Full Name of Father, *Edward Pitt, Biederhoff, Gr. Hesse*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Biederhoff, Gr. Hesse, Germany*

Name of Medical Attendant, or other Person who makes this return *May E. Muller*

Address, *14 E. N. W. 26*

Remarks,



*Text Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49896

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Sept 1<sup>st</sup> 1881*
4. Place of Birth (Street and Number) *207 E. Pratt st.*
5. Full Name of Mother *Julia Mauer*
6. Mother's Maiden Name *Julia Frank*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Chas. A. Mauer*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *John F. Monmouth M.D.*
- Address *S.W. Calvert & Read st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether ~~1st~~ 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Male* \_\_\_\_\_
2. Race or Color (if not of the white race) *W* \_\_\_\_\_
3. Date of Birth *Sept 17 1881* \_\_\_\_\_
4. Place of Birth (Street and Number) *North St. near Eager* \_\_\_\_\_
5. Full Name of Mother *Mrs Michael Mary* \_\_\_\_\_
6. Mother's Maiden Name *Kate Kelly* \_\_\_\_\_
7. Mother's Birthplace *Baltimore* \_\_\_\_\_
8. Full Name of Father *Mich - Mary* \_\_\_\_\_
9. Father's Occupation *Policeman* \_\_\_\_\_
10. Father's Birthplace *Baltimore* \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *William Lee*  
*Entaw & Hoffman*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Male.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, .....

Sept 1<sup>st</sup> 1881

4. Place of Birth, (Street and Number)

347 Lexington St

5. Full Name of Mother, .....

Elizabeth Brady.

6. Mother's Maiden Name, .....

Elizabeth Hartman

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

William Brady

9. Father's Occupation, .....

Cigar Maker.

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who make this Return

Address, .....

No 60 Silsbee St.

Remarks, .....

Good.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

49899

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 1st*
4. Place of Birth, (Street and Number) *14 Arlington St.*
5. Full Name of Mother, *Emma Bond*
6. Mother's Maiden Name, *" Cammole*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Bond*
9. Father's Occupation, *Agricultural implement maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *C. S. Buddenbush*
- Address, *16. S. Gacat*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
W  
Sept 1st 1887  
46 Pearl St  
Johanna Will  
Hillary  
City  
Geo Will

City  
Jno D. [unclear]  
68, [unclear]

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49901

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Sept 1<sup>st</sup> 5-30 AM Monday

4. Place of Birth (Street and Number)

85 Elliott St

5. Full Name of Mother

Lottie La Bru

6. Mother's Maiden Name

Gur

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John La Bru

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J E Richard MD

Address

28 O Sounell St

Remarks

Head presentation Large child delivered with

Proseps both Mother & Child doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49902

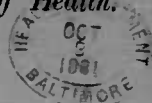
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1<sup>st</sup> 1881
4. Place of Birth, (Street and Number) # 282 East Pratt Str.
5. Full Name of Mother, Katie Bucher
6. Mother's Maiden Name, Reith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Bucher
9. Father's Occupation, Jewelry
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise C. Kiser
- Address # 236 Canon Ave.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 49903

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 2nd
4. Place of Birth, (Street and Number) 27 Maryland Ave
5. Full Name of Mother Margaret Leahy
6. Mother's Maiden Name Margaret Kalamian
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Fisher
9. Father's Occupation Carriage Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Wm A. B. Smith
- Address 345 Penn
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 2nd 1891*
4. Place of Birth, (Street and Number) *1722 E. St.*
5. Full Name of Mother, *Josephine Beane*
6. Mother's Maiden Name, *Wilson*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *John Beane*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, *Dr. J. H. Beane*  
or other Person who makes this Return.
- Address, *6 Franklin Court S. E.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *September 2<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *N. E. of Lombard St. (Mother's)*
5. Full Name of Mother, *Christiana Green (Col)*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *William*
9. Father's Occupation, *D. L. C. Betting*
10. Father's Birthplace, *Resident Physician*
- Name of Medical Attendant, or other Person who makes this Return *D. L. C. Betting*
- Address, *Resident Physician*
- Remarks, *Legitimate*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 2nd 1881*
4. Place of Birth, (Street and Number) *232 South Charles St*
5. Full Name of Mother, *Mary Hofner*
6. Mother's Maiden Name, *Blair*
7. Mother's Birthplace, *Murtemberg Germany*
8. Full Name of Father, *John Hofner*
9. Father's Occupation, *Shoe-Fitter*
10. Father's Birthplace, *Murtemberg Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kovich*
- Address *328 South Eutaw St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *September 2, 1881*
- Place of Birth (Street and Number) *386 Hayford avenue*
- Full Name of Mother *Emma Serches*
- Mother's Maiden Name *Emma Fowler*
- Mother's Birthplace *Baltimore City*
- Full Name of Father *William Serches*
- Father's Occupation *Laborer*
- Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*W. H. & Powell M. L.*  
*557 Hayford avenue*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2<sup>nd</sup> 1881

4. Place of Birth, (Street and Number) No 7 Heath street

5. Full Name of Mother, Maggie Ovinge

6. Mother's Maiden Name, Maggie Watson

7. Mother's Birthplace, Balt County Md

8. Full Name of Father, Perry Ovinge

9. Father's Occupation, Labourer

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles Street

Remarks, \_\_\_\_\_



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *September 2nd*

4. Place of Birth, (Street and Number) *Dallas St*

5. Full Name of Mother, *Bella Wilson*

6. Mother's Maiden Name, *Bella Gary*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Wilson*

9. Father's Occupation, *Labrer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Louisa Seaton*

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2<sup>nd</sup> 1891

4. Place of Birth, (Street and Number)

105 Greenmount Ave

5. Full Name of Mother,

Mary Heutland

6. Mother's Maiden Name,

Mary Mullin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Heutland

9. Father's Occupation,

Stone Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Stas W. Hunter M.D.

Address,

36 Greenmount Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 2/81*
4. Place of Birth (Street and Number) *297 N Eden St*
5. Full Name of Mother *Harriet R Armstrong*
6. Mother's Maiden Name *H. A. Minchelder*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Las E. Armstrong*
9. Father's Occupation
10. Father's Birthplace *Delaware*
- Name of Medical Attendant, or other Person who makes this Return. *H. A. Warner, M.D.*
- Address *256 N Eden St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *Norwid*
3. Date of Birth, *September 2*
4. Place of Birth, (Street and Number) *No 75 Church St*
5. Full Name of Mother, *Catharine Lile*
6. Mother's Maiden Name, *Catharine nichols*
7. Mother's Birthplace, *Easton Shore m.d.*
8. Full Name of Father, *James Lile*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Easton Shore m.d.*
- Name of Medical Attendant, or other Person who makes this Return, *Julia Chon*
- Address, *No 60 Church St*
- Remarks, *all over*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 2, 1891*
4. Place of Birth (Street and Number) *196 So. Carroll St.*
5. Full Name of Mother *Josephine Miller*
6. Mother's Maiden Name *Josephine Waller*
7. Mother's Birthplace *Bald. Md.*
8. Full Name of Father *Richard A. Miller*
9. Father's Occupation *Letter Carrier*
10. Father's Birthplace *Bald. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. [Signature]*
- Address *196 So. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White American Born*
3. Date of Birth *September 2d 1881*
4. Place of Birth (Street and Number) *228 William St*
5. Full Name of Mother *Grace Virginia Sunstrom*
6. Mother's Maiden Name *Wilson*
7. Mother's Birthplace *Baltimore City M. D.*
8. Full Name of Father *Calvin Sunstrom*
9. Father's Occupation *Sergeant of Police*
10. Father's Birthplace *Baltimore City M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Conway*
- Address *131 Battery Avenue*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 2, 1881*
4. Place of Birth, (Street and Number) *1. Castle St. 14 28.*
5. Full Name of Mother, *Ming T. Hanson*
6. Mother's Maiden Name, *Ming T. Haier*
7. Mother's Birthplace, *Dublin N. Yr. Britt. Europe*
8. Full Name of Father, *Thomas Pinon*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Glasgow N. Yr. Britt. Europe*

Name of Medical Attendant, or other Person who makes this return *Carl E. Miller*

Address, *1. Castle St. 14 28.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

119916

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 2, 1901*
4. Place of Birth, (Street and Number) *Kalton St. No. 149*
5. Full Name of Mother, *Mary Wick*
6. Mother's Maiden Name, *Mary Eckes*
7. Mother's Birthplace, *Lippoldshorn, Gr. Hesse, Germany*
8. Full Name of Father, *Theodore Wick*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Königsberg, Gr. Hesse, Germany*

Name of Medical Attendants, or other Person who makes this Return *Mary C. Miller*

Address, *W. Calles St. No. 26*

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

*Ninth Child*  
*Male.*  
*White.*  
*September 2<sup>nd</sup> 1881.*  
*No. 2 Bennett Street.*  
*Mrs Rebecca Barbour.*  
*Miss Rebecca Coe.*  
*Baltimore County.*  
*Lloyd Barbour*  
*Iron-Roller.*  
*Baltimore County.*  
*Mrs Rachel A. Barrett.*  
*No. 65 Burke St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .. 4
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2 Day September*
4. Place of Birth (Street and Number) *65 Prairie St*
5. Full Name of Mother *Anna Bonine Gorte Ringolt*
6. Mother's Maiden Name *Anna Beckerin*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Conrad Beckermann*
9. Father's Occupation *Genl. & O. R. R. Co.*
10. Father's Birthplace *Rheinfortt Hessen Cassel Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. H. H. H.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
- Sex, (state whether male or female) *female*
  - Race or Color, (if not of the white race) *white*
  - Date of Birth, *September 2<sup>nd</sup> 1881*
  - Place of Birth, (Street and Number) *High near Low st.*
  - Full Name of Mother, *Louise Kampman*
  - Mother's Maiden Name, *"*
  - Mother's Birthplace, *Europe*
  - Full Name of Father, *Theodore Kampman*
  - Father's Occupation, *Tailor*
  - Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein*
- Address, *118 E. Lombard st.*
- Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 2nd 81  
325 Hanover St  
William J. Pitt  
Henigen

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
August Pitt  
Warrisher

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany  
J. Schaeffer, midwife  
330 Hanover St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

119921

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup> living Child Aborted

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Sept 2<sup>nd</sup> 1881

4. Place of Birth (Street and Number) N E Corner Bank Wolf

5. Full Name of Mother Mary Ann Kidwell

6. Mother's Maiden Name Harper

7. Mother's Birthplace Virginia

8. Full Name of Father George J Kidwell

9. Father's Occupation Chair Maker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr E May

Address 119 S Broadway

Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49923

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 9<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Baych. St. No. 97
5. Full Name of Mother Mary. Lupton
6. Mother's Maiden Name Belannery
7. Mother's Birthplace Baltimore
8. Full Name of Father James. Lupton
9. Father's Occupation Brick-Layer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Mitchell
- Address No 58 Parkin St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 9<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Lombard st N. 29
5. Full Name of Mother Annie Darby
6. Mother's Maiden Name Shangnessy
7. Mother's Birthplace Ireland
8. Full Name of Father Peter Darby
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Mitchell
- Address No. 58 Parkman st
- Remarks \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Eighth*  
*Male*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Sep 2 - 81.*

4. Place of Birth, (Street and Number)

*No 163 Mallikuni St*

5. Full Name of Mother,

*Mary C. Hudgins*

6. Mother's Maiden Name,

*Collins*

7. Mother's Birthplace,

*New York*

8. Full Name of Father,

*Carlos Hudgins*

9. Father's Occupation,

*Gas fitter*

10. Father's Birthplace,

*Balto.*

Name of Medical Attendant, or other Person who makes this Return

*Mary A. Allwell*

Address,

*286 W. Donagh St*

Remarks,

"That any physician, accoucheur, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 2 September

4. Place of Birth, (Street and Number) 247 E Lombard

5. Full Name of Mother, Ema Harris

6. Mother's Maiden Name, Worrie

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Thomas Harris

9. Father's Occupation, Actor

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Para Harper

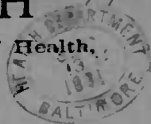
Address, 12 E Lombard

Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasoid*
3. Date of Birth, *2nd September*
4. Place of Birth, (Street and Number) *114. Bower st*
5. Full Name of Mother, *Wenie Ganpt*
6. Mother's Maiden Name, *Loce*
7. Mother's Birthplace, *Calvert County*
8. Full Name of Father, *Curtis T. Ganpt*
9. Father's Occupation, *Day man*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant, or other Person who makes this Return *Angellina Wilson*
- Address, *194*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>ts</sup>. Kind*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 2<sup>ten</sup> September*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 41. Eastern Av.*
5. Full Name of Mother, *Regina Pabst*
6. Mother's Maiden Name, *Regina Schorberg*
7. Mother's Birthplace, *Deutschland.*
8. Full Name of Father, *Henry Pabst*
9. Father's Occupation, *Musiker*
10. Father's Birthplace, *Deutschland.*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
- Address, *N<sup>o</sup> 127 S. Dallas Str.*
- Remarks, *Heimlich*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119998  
11-28

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th of September

4. Place of Birth, (Street and Number)

Baltimore No. 36 New Church

5. Full Name of Mother,

Mary Appel

6. Mother's Maiden Name,

Mary Brendel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Nichel Appel

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

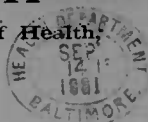
Remarks,

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st, 2nd, 3rd, &c.~~) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2, 1881

4. Place of Birth, (Street and Number) 869 N Broadway

5. Full Name of Mother, Jenna Marie Miller

6. Mother's Maiden Name, " " Luebker

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas. Emil Miller

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return W. H. White - M.D.

Address, 387 N Broadway

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Boie*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 Sept.*

4. Place of Birth, (Street and Number) *2 Prospect Lane.*

5. Full Name of Mother, *Gene Kisser*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Near Bohemia*

8. Full Name of Father, *Walter Kisser*

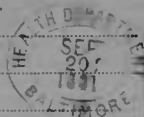
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Near Bohemia*

Name of Medical Attendant, or other Person who makes this return *Joseph Kisser*

Address, *22 Barnes St.*

Remarks,



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September 2, 1881
4. Place of Birth (Street and Number) appt. 1140
5. Full Name of Mother Margaret Wolf
6. Mother's Maiden Name Margaret Kidgley
7. Mother's Birthplace eliot city, Ill
8. Full Name of Father Charles Anthony Wolf
9. Father's Occupation Shoemaker
10. Father's Birthplace Howard sh. Ill
- Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Thelley
- Address 742 Pratt St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Female  
Colored  
29 Sept 1891.  
78 S. Kalles St  
Mary S. Johnson  
Mary S. Watkins  
Anna Arundel County Md  
James H. Johnson  
Laborer  
Anna Arundel County, Md.  
Dr. Wm. H. Jackson  
S. Arundel Co. Md.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



female  
 colored  
 3<sup>rd</sup> of September  
 McAllen extended street  
 Ann Maria Gray  
 Ann Maria Anderson  
 Baltimore  
 Elijah Gray  
 Minister  
 Baltimore  
 James Harrison  
 109 one door from  
 castle

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 3rd 1881
4. Place of Birth, (Street and Number) 513 Broadway ave
5. Full Name of Mother Matie Meyer
6. Mother's Maiden Name Matie Meyer
7. Mother's Birthplace Germany
8. Full Name of Father George Meyer
9. Father's Occupation Car Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Messinghoff
- Address Baltimore
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49933

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Sept 3<sup>rd</sup> 1881*  
 4. Place of Birth, (Street and Number) *121 Lexington St*  
 5. Full Name of Mother, *Emma D. Becker*  
 6. Mother's Maiden Name, *" " Michael*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Edward Becker*  
 9. Father's Occupation, *Usher*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *Wm. H. G. G. G. G.*  
 Address, *507 S. Fayette St. Baltimore*  
 Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49936

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *September 3<sup>rd</sup> 1891.*
4. Place of Birth, (Street and Number) *Baltimore City 100 Franklin St.*
5. Full Name of Mother, *Appolonia Hazel*
6. Mother's Maiden Name, *M. Schuring*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Philip Hazel*
9. Father's Occupation, *Miller*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Loushine Dr. B. G.*
- Address, *1226 E. Lombard St.*
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2  
 Female  
 White  
 Sept. 30  
 13. Lomb. St.  
 Ella Crooks  
 " Eaton  
 Baltimore  
 Mr. Crooks  
 Policeman  
 Calvert County, Md.  
 G. H. Stone, M. D.  
 Co-Street & Presb.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



119938

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30 1881*
4. Place of Birth (Street and Number) *No 4, Orleans st*
5. Full Name of Mother *Emma R. Beley*
6. Mother's Maiden Name *Emma R. Nolan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Bernard J. Beley*
3. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *St. Raphael's M. T.*
- Address *137 N. Green St.*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 children*  
 1. Sex (state whether Male or Female) *mail*  
 2. Race or Color (if not of the white race) *mulord philia*  
 3. Date of Birth *September 3<sup>rd</sup> 1881*  
 4. Place of Birth (Street and Number) *No 1 Rose St*  
 5. Full Name of Mother *Mrs gustus thome*  
 6. Mother's Maiden Name *Miss gustus Johnson*  
 7. Mother's Birthplace *chester town Md*  
 8. Full Name of Father *Mr William thome*  
 9. Father's Occupation *Lumber Piller*  
 10. Father's Birthplace *Kend County Md*  
 Name of Medical Attendant, or other Person who makes this Return. *sarah Deroll*  
 Address *No 9 Jarper. st.*  
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd September*
4. Place of Birth, (Street and Number) *157 Madison Alley*
5. Full Name of Mother, *Wilhelmine Schin*
6. Mother's Maiden Name, *Marguerite*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August H. Schin*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Stephen Simon*
- Address, *Franklin St*
- Remarks, *Mother &c*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49941

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3d 1881

4. Place of Birth, (Street and Number) 41 Burke St Canton

5. Full Name of Mother, Mary Klehm

6. Mother's Maiden Name, Mary Seifert

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Klehm

9. Father's Occupation, Laborer in Sugar Refinery

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Wiley

Address. 1016 Baltimore Pkwy

Remarks.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49946

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd September
4. Place of Birth, (Street and Number) 157 Madeline Alley
5. Full Name of Mother, Wilhelmine Schirn
6. Mother's Maiden Name, Marquardt
7. Mother's Birthplace, Germany
8. Full Name of Father, August Schirn
9. Father's Occupation, Labour
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Sophie Gerion
- Address, No 70 Granby St
- Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49911/1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3d 1881

4. Place of Birth, (Street and Number) 41 Burke St Canton

5. Full Name of Mother, Mary Klehm

6. Mother's Maiden Name, Mary Seifert

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Klehm

9. Father's Occupation, Laborer in Sugar Refinery

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address No 12 Patterson Pkts

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 3rd 81

4. Place of Birth, (Street and Number)

1230 William St  
Caroline Moring  
Stromans

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany  
Henry Moring  
Restaurant

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Germany  
J. Schlegel midwife  
330 Hanover St

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

499113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 Sept 3/81
4. Place of Birth, (Street and Number) 36 Hubbard St Locust point
5. Full Name of Mother Emma Pryal
6. Mother's Maiden Name Holding
7. Mother's Birthplace England
8. Full Name of Father Peter Pryal
9. Father's Occupation General Dealer
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs E. Hel
- Address 13 Cubana St. Locust Point
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

49944

To the Office of Registrar of Vital Statistics, Board of Health,

Name, Anna Mary Moore **BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22, 1897

4. Place of Birth, (Street and Number) 20 Hill St

5. Full Name of Mother, Caroline C. Moore

6. Mother's Maiden Name, Caroline C. Corbett

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, J. Moore

9. Father's Occupation, Carriage Maker

10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other Person who makes this Return Thos. J. Corbett

Address 1200 Broadway St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 3<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) Baltimore Boyd. St. No. 59
5. Full Name of Mother Mary M. Corville
6. Mother's Maiden Name Duke
7. Mother's Birthplace Baltimore County
8. Full Name of Father James M. Corville
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell
- Address No. 58 Parkin St.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, *Sep 3 - 81*  
 4. Place of Birth, (Street and Number) *No 12 2 S Bond*  
 5. Full Name of Mother, *Maggie M. Korns*  
 6. Mother's Maiden Name, *" Williams*  
 7. Mother's Birthplace, *Balto*  
 8. Full Name of Father, *Oscar H Korns*  
 9. Father's Occupation, *Book Keeper*  
 10. Father's Birthplace, *Balto*  
 Name of Medical Attendant, or other Person who make this Return *Mary A Altmair*  
 Address, *286 E N Donagh St*  
 Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colord*
3. Date of Birth, *September 3<sup>rd</sup>*
4. Place of Birth, (Street and Number) *No. 87 Ave. St.*
5. Full Name of Mother, *Mary McLean*
6. Mother's Maiden Name, *Mary Lassit*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James Lassit*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Chillicothe, Ohio*
- Name of Medical Attendant, *or other Person who makes this Return* *Miller B. B. B.*
- Address, *No. 53 W. 11th St.*
- Remarks, *Healthy and doing well*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *sep 8 1881*
4. Place of Birth, (Street and Number) *General No 9*
5. Full Name of Mother, *Barri cundoo*
6. Mother's Maiden Name, *Barri pierel*
7. Mother's Birthplace, *Washington County*
8. Full Name of Father, *William cundoo*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Pittsburg Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Sholotty proctor*
- Address, *do 18 cotton*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *3 September*
3. Date of Birth, *22 Granby*
4. Place of Birth, (Street and Number) *Ema Forward's.*
5. Full Name of Mother, *Bartholomew*
6. Mother's Maiden Name, *Germany*
7. Mother's Birthplace, *Just. Forward's*
8. Full Name of Father, *Prinzer*
9. Father's Occupation, *Germany*
10. Father's Birthplace, *Mrs. Sara Casper*
- Name of Medical Attendant, or other Person who makes this Return *22 Forward's*
- Address, */*
- Remarks, */*

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female)..... *male*
2. Race or Color, (if not of the white race)..... *white*
3. Date of Birth,..... *Sept 3*
4. Place of Birth, (Street and Number)..... *104 William St*
5. Full Name of Mother,..... *Ann H. Maggill*
6. Mother's Maiden Name,..... *Ann H. Maggill*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *J. C. Maggill*
9. Father's Occupation,..... *carpenter*
10. Father's Birthplace,..... *Baltimore*
- Name of Medical Attendant, or other person who make this Return...... *Dr. H. V. Colwell*
- Address,.....
- Remarks,.....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*  
*Bub.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 3<sup>ten</sup> September*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 35 Corlin Str*
5. Full Name of Mother, *Anna Fischer*
6. Mother's Maiden Name, *Anna Gorken*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Julius Fischer*
9. Father's Occupation, *Schreiner*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N<sup>o</sup> 197 E. Dallas Str*
- Remarks, *Henne*

RETURN OF A BIRTH  
of Registrar of Vital Statistics, Baltimore City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.

Child of Mother, (state whether male or female).

Color, (if not of the white race)

Birth, \_\_\_\_\_

th (Street and Number)

Mother, \_\_\_\_\_

No. \_\_\_\_\_



*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the registrant, downward,  
born, its day, therefore, slating distinctly the date of birth, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of each child or children.

No. \_\_\_\_\_

1. Sex,
2. Race of \_\_\_\_\_
3. Date of \_\_\_\_\_
4. Place of \_\_\_\_\_
5. Full Name of \_\_\_\_\_
6. Mother's Maiden \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_

Name of Birthplace, \_\_\_\_\_  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

JOHN S. ...

JOHN B. PIET, PRINTER & STATIONER, BALT.

No. of Child of Mother, (state whether  
1. Sex, (state whether male or female).  
2. Race or Color, (if not of the white race)  
3. Date of Birth,  
4. Place of Birth,  
5. Full Name of Birth, (Street and Number)  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Birthplace,  
10. Father's Occupation,  
Name of Medical Attendant,  
Address,  
Remarks,

or other Person who  
makes this return

White  
Left 3/41  
534 n  
Mary Spencer  
Dolan R  
Helen  
Gloria  
L. Spencer  
3/41

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return,.....
- Address,.....
- Remarks,.....

White  
Sept 3/91  
534 N Lombard St.  
Mary Sheeran  
Mc Elgun  
Ireland  
No. Hibernian  
Laborer  
Ireland

H. L. Sheeran  
387 N Lombard

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49953

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 3, 1881

4. Place of Birth (Street and Number)

Saratoga St No

5. Full Name of Mother

Sallie Ann Houston

6. Mother's Maiden Name

Shubbs

7. Mother's Birthplace

Carroll Co Md

8. Full Name of Father

John Houston

9. Father's Occupation

Barber

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

B. H. Harrison M.D.

Address

175 N. Carey St

Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 3rd 1881*

4. Place of Birth (Street and Number) *No 35 N. Caroline st*

5. Full Name of Mother *Annie Discher*

6. Mother's Maiden Name *Annie*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Julius Discher*

9. Father's Occupation *Cabinet Maker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *John V. Conner M.D.*

Address *58 S. Eden st*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

119955

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 3 87*
4. Place of Birth, (Street and Number) *# 88 Henrietta St.*
5. Full Name of Mother, *Mary Schoene*
6. Mother's Maiden Name, *" Schmick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bernhard Schoene*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary Kook*
- Address, *# 328 S. Eutan St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

119956

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 3rd 1881*
4. Place of Birth, (Street and Number) *No 104 E. Biddle St.*
5. Full Name of Mother, *Lizzie Luenz*
6. Mother's Maiden Name, *Lizzie Meyer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edwin Luenz*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt.*
- Address, *No 185 Central av. & Monument St.*
- Remarks, *All Well*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... Caucasian
3. Date of Birth, ..... 3 of September
4. Place of Birth, (Street and Number) ..... 72 Shortson Street
5. Full Name of Mother, ..... Maria Wine
6. Mother's Maiden Name, ..... Maria Stanton
7. Mother's Birthplace, ..... Canton Shore
8. Full Name of Father, ..... Richard Wine
9. Father's Occupation, ..... Writing
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... J. J. Smoother
- Address, ..... 60 Barran Ann Street
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or out, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 3. 1881*
4. Place of Birth (Street and Number) *66 "Jefferson Place" (Balto Co)*
5. Full Name of Mother *Ella Stone*
6. Mother's Maiden Name *" Eppler*
7. Mother's Birthplace *Penn*
8. Full Name of Father *Geo L. Stone*
9. Father's Occupation *R.R. Employee*
10. Father's Birthplace *md.*
- Name of Medical Attendant, or other Person who makes this Return. *G Lane Panayhru*
- Address *129 W. Biddle*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 49959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 4
4. Place of Birth, (Street and Number) 248 1/2 William St
5. Full Name of Mother Emma Price
6. Mother's Maiden Name Reising
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Price
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 49960

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, (tc.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) White
3. Date of Birth September 4<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 20 S. Ann St
5. Full Name of Mother Margaret M. Donough
6. Mother's Maiden Name Margaret Clarke
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father James M. Donough
9. Father's Occupation Clerk
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell
- Address 207 N. Broadway
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

49961

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male - John H. Walker

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sunday, Sept. 4, 1891

4. Place of Birth, (Street and Number)

111 Caroline St.

5. Full Name of Mother,

Rebecca B. Walker

6. Mother's Maiden Name,

" " Ward.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Shades B. Walker

9. Father's Occupation,

Box maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. E. Wehr

Address,

136 South Caroline Street

Remarks,

Matchless

Full name added by him upon applying for a transcript. J. E. Wehr - Reg. Feb. 14 - 1933.  
Henry A. Walker (father)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49962

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *64*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 14 1891*
4. Place of Birth (Street and Number) *28 Little Stricker St near Preston*
5. Full Name of Mother *Isabella Mather*
6. Mother's Maiden Name *Huston*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Wm. S. Mather*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Chas E Sadtler 565 Druid Hill*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *September 4th*
4. Place of Birth (Street and Number) *Balto. No. 3 Ivy Alley*
5. Full Name of Mother *Louisa Johnson*
6. Mother's Maiden Name *" " Boston*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Salathiel Wilmore Johnson*
9. Father's Occupation *Musician*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *James D. Castor*
- Address *17 Hamilton St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 4th 81  
No 266 Sharp st  
Louise Lohman

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Siedmuer

6. Mother's Maiden Name,

Germaney

7. Mother's Birthplace,

George Lohman

8. Full Name of Father,

Baker

9. Father's Occupation,

Germaney

10. Father's Birthplace,

J. Schugasser midwife  
330 Hanover st

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,.....

Sept. 4th

4. Place of Birth, (Street and Number)

No. 65 N. Liberty

5. Full Name of Mother,

Rachel Lowenthal

6. Mother's Maiden Name,

Rachel Grindfeller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Solomon Lowenthal

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who  
makes this return.

J. Jenkins

Address,

No. 2 Cathedral St.

Remarks,

That any physicians, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

4th September

4. Place of Birth (Street and Number)

57 Cambridge

5. Full Name of Mother

Mary Wyle

6. Mother's Maiden Name

Mary Robinson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Wyle

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Harrington

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth September 13 1891
4. Place of Birth (Street and Number) No. 1. 1/2 South Chester St.
5. Full Name of Mother. Eva Babster
6. Mother's Maiden Name Eva Lauer
7. Mother's Birthplace Baltimore
8. Full Name of Father George Babster
9. Father's Occupation
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann E. Bell
- Address No. 171 South Chester St.
- Remarks

46968

BALTIMORE CITY.



- Sept 4/89  
St. Y. N. Campbell  
Mary E. Perkins  
" " Fairall  
Howard C. Mow  
" " Porter  
Brush Maker  
T. C. C. C. Mow

or other Person who  
makes this Return.

A. L. Speasbury  
3876 Lombard St

3876. Contact L.

Record of Vital Statistics in the City of Lawrence.

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or reside at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



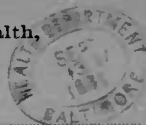
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 7 September
4. Place of Birth, (Street and Number) 25 President
5. Full Name of Mother, Johana Dornika
6. Mother's Maiden Name, Salter
7. Mother's Birthplace, Italia
8. Full Name of Father, John Dornika
9. Father's Occupation, Missionary
10. Father's Birthplace, Italia
- Name of Medical Attendant, or other Person who makes this Return Mrs. D. A. Casper
- Address, 72 Columbia
- Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *4 September*
4. Place of Birth, (Street and Number)
5. Full Name of Mother, *Lennie Boyer*
6. Mother's Maiden Name, *" Freeman*
7. Mother's Birthplace, *81 China st*
8. Full Name of Father, *Ben Boyer*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Phester town*
- Name of Medical Attendant, or other Person who makes this Return *Angellina Wilson*
- Address, *194 Warner st.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49971

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 4<sup>ten</sup> September*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 373. Canton St*
5. Full Name of Mother, *Flore Reht*
6. Mother's Maiden Name, *Flore Klein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Luis Reht*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
- Address, *N<sup>o</sup> 197 S. Fallow Str*
- Remarks, *Stimme*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 19972

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 4th 1887
4. Place of Birth, (Street and Number) 124 Jefferson St
5. Full Name of Mother Mary A. Staley
6. Mother's Maiden Name Jerguson
7. Mother's Birthplace Norfolk Virginia
8. Full Name of Father Samuel Staley
9. Father's Occupation Telephonist
10. Father's Birthplace Strawberry Peana
- Name of Medical Attendant, or other Person who makes this Return. E. M. Estlin M.D.
- Address 4174 McGary Street
- Remarks

RECEIVED - RECORDS OF THE DEPARTMENT OF HEALTH - BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49973

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Sept the 4<sup>th</sup>  
4. Place of Birth, (Street and Number) No 63. Butke. st  
5. Full Name of Mother, M. Margaretta .. Bennetts  
6. Mother's Maiden Name, .. .. Frank  
7. Mother's Birthplace, Balto Co Md  
8. Full Name of Father, Thomas A Bennetts  
9. Father's Occupation, Proddler  
10. Father's Birthplace, Richmond All  
Name of Medical Attendant, Mrs Wiley  
Address, No 13 Patterson Park  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1199711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *14th of September*
4. Place of Birth, (Street and Number) *cor. of Pen. Ave. & St. Mary St.*
5. Full Name of Mother, *Mary Louise Wattenst.*
6. Mother's Maiden Name, *Mary Louise Sondermann*
7. Mother's Birthplace, *Leipzig Sachsen*
8. Full Name of Father, *Carl Gust. Ervold Wattenst.*
9. Father's Occupation,  *cigar maker*
10. Father's Birthplace, *Elberfeld Germania*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *Mrs M. Sommerfeld No 38. Pen. Ave*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49975

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 4<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

473 Greenut St.

5. Full Name of Mother,

Maria Small

6. Mother's Maiden Name,

Maria Small

7. Mother's Birthplace,

Balto Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harriet Jackson

Address,

45 Carroll St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49976

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 4 days
4. Place of Birth (Street and Number) Balt. 48 Stockholm St
5. Full Name of Mother Mary E. Knuffman
6. Mother's Maiden Name Mary E. Neal
7. Mother's Birthplace Howard County
8. Full Name of Father Christian Knuffman
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lavinia Mills
- Address 22 Stockholm St
- Remarks Baby was not well as took for

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *Sep 13*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep 4 1881*
4. Place of Birth (Street and Number) *67 Thomas*
5. Full Name of Mother *Elmura Horner*
6. Mother's Maiden Name *Elmura Horner*
7. Mother's Birthplace *Lancaster Pa*
8. Full Name of Father *Thomas Jones*
9. Father's Occupation *Fireman*
10. Father's Birthplace *Lancaster Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louisa Smith*
- Address *Child name Elizabeth Horner*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49978

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th September*
4. Place of Birth, (Street and Number) *Baltimore Federal St. No. 2*
5. Full Name of Mother, *Amie Camsal*
6. Mother's Maiden Name, *Amie Striglian*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Samuel Striglian*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Brown*
- Address, *1101 North Ave. Baltimore*
- Remarks,

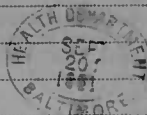
"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

49979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Sept.
4. Place of Birth, (Street and Number) 9 C. Monument St.
5. Full Name of Mother, Rose Schenck
6. Mother's Maiden Name, Whitlick
7. Mother's Birthplace, Boile
8. Full Name of Father, Jacob Schenck
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Josephine Howard
- Address, 503 Barnes St.
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49980

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Fourth*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*Caucasian*

3. Date of Birth

*Sept. 4th. 1881*

4. Place of Birth (Street and Number)

*Hudson Alley*

5. Full Name of Mother

*Augusta E. Terrell*

6. Mother's Maiden Name

*Edwards*

7. Mother's Birthplace

*Virginia*

8. Full Name of Father

*Edward W. Terrell*

9. Father's Occupation

*Shoe-maker*

10. Father's Birthplace

*Virginia*

Name of Medical Attendant, or other Person who makes this Return.

*J. K. Merriell*

Address

*131 Widdle St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Sept 4<sup>th</sup> 1881*

4. Place of Birth (Street and Number) *10 64 Bank St.*

5. Full Name of Mother *Elizabeth P. Harvey*

6. Mother's Maiden Name *Peters*

7. Mother's Birthplace *England*

8. Full Name of Father *Richard Harvey*

9. Father's Occupation *Mariner*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Elizabeth Peters*

Address *120 Bank St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 4<sup>th</sup> 1881
4. Place of Birth (Street and Number) 1031 S. Wolf St.
5. Full Name of Mother Lizzie Pearson
6. Mother's Maiden Name Ruehl
7. Mother's Birthplace Pruss.
8. Full Name of Father Fredrick Pearson
9. Father's Occupation Tobacco maker
10. Father's Birthplace Pruss.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Pelt
- Address 620 Bank St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 4<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 24 Argyle Avenue
5. Full Name of Mother Kate Susan Nelson
6. Mother's Maiden Name Nelson
7. Mother's Birthplace Virginia
8. Full Name of Father Thomas Howard Nelson
9. Father's Occupation Machinist
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Edw. W. Knight M.D.
- Address 112 N. Greene St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 4, 1881*
4. Place of Birth (Street and Number) *54 N. Eden St.*
5. Full Name of Mother *Mary E. Plaggenmeyer*
6. Mother's Maiden Name *Mary E. Fountain*
7. Mother's Birthplace *Delmar*
8. Full Name of Father *George Plaggenmeyer*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. H. M. M.D.*
- Address *75 E. Baltimore St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH, 49985

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 14th 88
4. Place of Birth. (Street and Number) 129 Maryland
5. Full Name of Mother Thelma J. Gattier
6. Mother's Maiden Name Thelma J. Gattier
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel Gattier
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return. Dr. J. M. M. M. M.
- Address 345 Town
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 3, 1889*

4. Place of Birth, (Street and Number) *807 Light St*

5. Full Name of Mother, *Anna Henry*

6. Mother's Maiden Name, *Anna Long*

7. Mother's Birthplace, *Prattville, Ala*

8. Full Name of Father, *Jacob Henry*

9. Father's Occupation, *Housekeeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Phineas Cook, M.D.*

Address, *146 Hanover St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

119487

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September the 4*
4. Place of Birth, (Street and Number) *pratt street between*
5. Full Name of Mother, *dora sonneborn*
6. Mother's Maiden Name, *dora stelling*
7. Mother's Birthplace, *germany*
8. Full Name of Father, *John sonneborn*
9. Father's Occupation, *carter*
10. Father's Birthplace, *germany*
- Name of Medical Attendant, *William W. Smith*  
or other Person who makes this Return.
- Address, *386 south street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49988

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 September

4. Place of Birth, (Street and Number)

44 Preston St

5. Full Name of Mother,

Mary Lyons

6. Mother's Maiden Name,

Hefferman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lyons

9. Father's Occupation,

Marble Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Charlotte Crosby

Address,

369 Cathedral St

Remarks,

Charles Schriener Cathedral

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3<sup>d</sup> Child.

Female

White.

Sept. 5-1881.

439 E. Baltimore St.

Julia C. Griffith.

Julia C. Taylor.

Canada.

Henry G. Griffith.

Merchant.

Baltimore.

J. F. Powell, M.D.  
227 Carrollton Ave.

Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Children*
1. Sex (state whether Male or Female) *♂. Male*
2. Race or Color (if not of the white race) *Fuller Child*
3. Date of Birth *September 5 1881*
4. Place of Birth (Street and Number) *No 65 Foster Avenue*
5. Full Name of Mother *Mrs Rachel Walter*
6. Mother's Maiden Name *Miss Rachel William*
7. Mother's Birthplace *Harland County*
8. Full Name of Father *John Walter*
9. Father's Occupation *Goldsmith*
10. Father's Birthplace *Glorster County*
- Name of Medical Attendant, or other Person who makes this Return, *Barrah Devall*
- Address *No 9 Jasper St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *3 Children*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *5 of September*
4. Place of Birth, (Street and Number)..... *No 239 William St*
5. Full Name of Mother,..... *Lizzie G. Harmon*
6. Mother's Maiden Name,..... *Lizzie Mandelken Dorpe*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *Ben. Turner*
9. Father's Occupation,..... *Carpenter*
10. Father's Birthplace,..... *Nebraska*
- Name of Medical Attendant, or other Person who makes this Return..... *Joseph H. Gieseler*
- Address,..... *1111 1/2 St*
- Remarks,.....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child of mother*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 of September*
4. Place of Birth, (Street and Number) *2175 Johnson St*
5. Full Name of Mother, *Barbara Rice*
6. Mother's Maiden Name, *Barbara Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Rice*
9. Father's Occupation, *Shipcarpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Joseph V. White*
- Address, *2175 Johnson St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49993

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sep 5. 1887
4. Place of Birth, (Street and Number) 10 Eutaw Court
5. Full Name of Mother, Josephine Thomas
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balt
8. Full Name of Father, John Grant
9. Father's Occupation, waiter
10. Father's Birthplace, Chicago
- Name of Medical Attendant, or other Person who makes this Return, Dr F P Keller
- Address, 126 N. Eutaw St.
- Remarks,



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

499911

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 5<sup>th</sup> 1881

4. Place of Birth (Street and Number)

#52 N. Belin St.

5. Full Name of Mother

Mary Shaffer

6. Mother's Maiden Name

Mary Butcher

7. Mother's Birthplace

Maryland

8. Full Name of Father

Joseph Shaffer

9. Father's Occupation

Labourer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. Ryer Smith M.D.  
227 Banne St.

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 49995

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 5 - 81*

4. Place of Birth, (Street and Number) *No. 75 N Broadway St*

5. Full Name of Mother, *Maggie E. Clarke*

6. Mother's Maiden Name, *" Garrison*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Albert C. Clarke*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Chas. A. Allen*

Address, *286 Mt. Vernon st*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



*Carrie Lena Honig*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*1st Kind*  
*Mädchen*



1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *geboren den 5ten September 1881*
4. Place of Birth, (Street and Number) *N. 8 Esser Str*
5. Full Name of Mother, *Elisabeth Honig*
6. Mother's Maiden Name, *Elisabeth Regner*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Diederich Honig*
9. Father's Occupation, *Lagerber*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
- Address, *N. 197 S. Dallow St.*
- Remarks, *Heim*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Mr. 5 Sep  
 4. Place of Birth, (Street and Number) No 25 Conventions St  
 5. Full Name of Mother Liseabet Wilson  
 6. Mother's Maiden Name Liseabet Carr  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father George Carr  
 9. Father's Occupation Labor  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Cristina Lauer  
 Address 178 Harper  
 Remarks 1881

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th 4 A

(state whether Male or Female)

Male

Race or Color (if not of the white race)

Colored

Date of Birth

5th September

Place of Birth (Street and Number)

103 Plum Alley

Full Name of Mother

Elizabeth C. Elkins

Father's Maiden Name

Elizabeth Gaines

Father's Birthplace

W. A.

Full Name of Father

Harres Elkins

Father's Occupation

Labourer

Father's Birthplace

W. A.

Name of Medical Attendant, or other Person who makes this Return

Sarah Jones

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 5th 1881.*
4. Place of Birth (Street and Number) *# 130 Duross St*
5. Full Name of Mother *Martina J. Belgians*
6. Mother's Maiden Name *Shields*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Wm. J. Belgians*
9. Father's Occupation *Clark*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *James P. Bell, M.D.*
- Address *# 134 N. E. St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Sept 5<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *S. W. Cor Pine & Haratogo.*
5. Full Name of Mother, *Mary Gilbert*
6. Mother's Maiden Name, *Mary Konradis.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Gilbert*
9. Father's Occupation, *Expressman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *Arthur S. Pennington M.D.*
- Address, *134 N Carrollton St.*
- Remarks,

# RETURN OF A BIRTH

50001

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

only 1

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

Sept 5 1881

Place of Birth, (Street and Number)

71 Beatty St

Full Name of Mother,

Cecilia A Smart

Mother's Maiden Name,

Cecilia A Pearson

Mother's Birthplace,

Northampton Co Va

Full Name of Father,

Augustus B Smart

Father's Occupation,

Farmer

Father's Birthplace,

Barnes Co Va

Name of Medical Attendant, or other Person who make this Return

Dr. George S. Siders

Address,

No 101 1st St E Baltimore

Remarks.



51003

HEALTH DEPARTMENT  
SEP  
26  
1891  
BALTIMORE

- Female

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Sept.

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Resolving Power

2nd Barnes St

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WM J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50003

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 5th 1891
4. Place of Birth (Street and Number) No 8 Baker St
5. Full Name of Mother Annie Holland
6. Mother's Maiden Name Annie Barbie
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Holland
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. A. C. Pole
- Address No 1 W. Boundary Ave
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female  
White  
5<sup>th</sup> September.  
294. Cross. str.  
Julia. Hoston  
Julia. Housh.  
Baltimore. City.  
William. Hoston  
Shoemaker.  
Baltimore City  
Purification Mung  
Newmarket

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50003

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *5th of September.*
4. Place of Birth, (Street and Number) *Cal. St. 82.*
5. Full Name of Mother, *Sarah Loultter.*
6. Mother's Maiden Name, *" Mc Donnell.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Andrew Loultter.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby.*
- Address, *City Cathedral St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *3<sup>rd</sup> of September.*
4. Place of Birth, (Street and Number) *Federal St.*
5. Full Name of Mother, *Irene Mallon*
6. Mother's Maiden Name, *" McLaughlin*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *James Mallon.*
9. Father's Occupation, *Merchant.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant; or other Person who makes this Return. *Charlotte Crosby.*
- Address, *369 Cathedral St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
  1. Sex (state whether Male or Female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *Monday Sept 5th, 1881*
  4. Place of Birth (Street and Number) *236 Constitution St.*
  5. Full Name of Mother *Kate Willcuff*
  6. Mother's Maiden Name *Kate Leary*
  7. Mother's Birthplace *Baltimore Md*
  8. Full Name of Father *Thomas J. Willcuff*
  9. Father's Occupation *Printer*
  10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Dintow, M.D.*
- Address *25 1/2 Greenmount Ave*
- Remarks *"Verty Presentation"*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50008

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 5th

4. Place of Birth, (Street and Number)

217 S. Paca St

5. Full Name of Mother,

Mary Blank

6. Mother's Maiden Name,

Heiser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christian Blank

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

C. L. Buddenbohn

Address,

146 S. Paca St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50009

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 5th*
4. Place of Birth, (Street and Number) *No 133 S. Bond st*
5. Full Name of Mother, *Lida Meyer*
6. Mother's Maiden Name, *" Helking*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Meyer*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *C. L. Buddenbom*
- Address, *164 S. Paca st*
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 2-18-49  
RETURN OF A BIRTH.

50010

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Maud Gwendoline Corcoran



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 "

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Sept. 5. 1881

4. Place of Birth (Street and Number) 126 N. Hoffman

5. Full Name of Mother Ella Masson Corcoran

6. Mother's Maiden Name " " Slack

7. Mother's Birthplace Ind

8. Full Name of Father Mr J Corcoran

9. Father's Occupation Clerk

10. Father's Birthplace N. Y.

Name of Medical Attendant, or other Person who makes this Return. G Lam Toneyhill

Address 129 N. Biddle St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 450 foot av. Sept. 5th.
4. Place of Birth, (Street and Number) Baltimore 450 foot av.
5. Full Name of Mother, Lizzie Mettely.
6. Mother's Maiden Name, Lizzie Dashiels.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mettely
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, Mrs. Nash.  
or other Person who makes this return.

Address, 107 Johnson St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 of September*

4. Place of Birth, (Street and Number) *412 15th William St*

5. Full Name of Mother, *Kate Whittle*

6. Mother's Maiden Name, *Kate Hutton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Whittle*

9. Father's Occupation, *Cannery Worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Joseph J. Marshall*

Address, *W. 15th St*

Remarks,

50713

7th Child  
Female

10. *Father's Birthplace,*

or other Person who  
makes this Return.

Sept 6<sup>th</sup> 81  
No 9 Wall st  
Christine Schroiser  
Keris.  
America  
Nikolaus Schroiser  
Brynster  
Germany  
p. Schwaasser midwife  
330 Hanover st.

Remarks.

Wm. J. C. DUNN & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

GIVEN NAME ADDED, 12-8-64

50014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: Cora Frances Wilkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th  
Female

White

Sept 6th 1881

782 Pratt St

Victoria Cora Wilkins

" " Leavitt

North Carolina

William Wilkin

Saddlery store

Baltimore Md

D W Battelle M D

2 W Broadway

At any physician, accoucheur, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

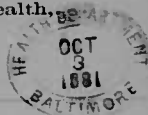


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sept 6. 1881*
4. Place of Birth, (Street and Number) *50 N. Market St*
5. Full Name of Mother, *Jessie Ellen Lee*
6. Mother's Maiden Name, *Jessie Ellen, Foster*
7. Mother's Birthplace, *Cecil County, Md.*
8. Full Name of Father, *William Lee*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Cecil County, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Jessie Hangan*
- Address, *47 N. Calver St.*
- Remarks,

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 September*
4. Place of Birth, (Street and Number) *1 S. Broadway St.*
5. Full Name of Mother, *Miriam M. B. B. B.*
6. Mother's Maiden Name, *M. B. B.*
7. Mother's Birthplace, *Indefinite*
8. Full Name of Father, *Louis Weiss*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Indefinite*
- Name of Medical Attendant, or other Person who makes this Return *Perfection M. B.*
- Address, *1 S. Broadway St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 6<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore German St. No. 45

5. Full Name of Mother Louisa Butterman

6. Mother's Maiden Name Essie

7. Mother's Birthplace Baltimore

8. Full Name of Father James Butterman

9. Father's Occupation Wheelwright

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 11 1891*

4. Place of Birth, (Street and Number) *No 172 Argyle Ave*

5. Full Name of Mother, *Sarah Elizabeth Schumacher*

6. Mother's Maiden Name, *Crane*

7. Mother's Birthplace, *Manassas Co. Virginia*

8. Full Name of Father, *Mr. Augustus Schumacher*

9. Father's Occupation, *Collector for N. C. Rail Road*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Paul H. M. Hemmell M.D.*

Address, *1205 N. Lombard St*

Remarks, *Baltimore Md*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *6<sup>th</sup> of September 1881*  
 4. Place of Birth, (Street and Number) *35 Reaghter street Baltimore City*  
 5. Full Name of Mother, *Gertrude Wendel*  
 6. Mother's Maiden Name, *Bockmeyer*  
 7. Mother's Birthplace, *Europe*  
 8. Full Name of Father, *John Wendel*  
 9. Father's Occupation, *Baker*  
 10. Father's Birthplace, *Europe*  
 Name of Medical Attendant, or other Person who makes this Return, *M. E. Hamley*  
 Address, *43 North Central Avenue*  
 Remarks, *Normal. R. O. A. J.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50020

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *6 September*
4. Place of Birth, (Street and Number) *40 N Gay*
5. Full Name of Mother, *Marie Ditner*
6. Mother's Maiden Name, *Hausman*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Adam Ditner*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt Md*
- Nams of Medical Attendant, or other Person who makes this Return *Mrs Sara Bayler*
- Address, *72 Broadway*
- Remarks, .....

\* That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.\*

# RETURN OF A BIRTH

50021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *6 September*
4. Place of Birth, (Street and Number) *22 W Fayette*
5. Full Name of Mother, *Ellen Jones*
6. Mother's Maiden Name, *Waner*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Will Jones*
9. Father's Occupation, *undertaker*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sara Barber*
- Address, *22 E. Pennard*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 6th.
4. Place of Birth, (Street and Number) No. 77 Block Street
5. Full Name of Mother Ellen Daly
6. Mother's Maiden Name Ellen Conway
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Daly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. John Morris M. D.
- Address No. 5 Franklin St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Sept 6, 1881*
4. Place of Birth, (Street and Number) *No. 6 Little Broadway*
5. Full Name of Mother, *Eliza Jane Young*
6. Mother's Maiden Name, *Eliza Jane Jackson*
7. Mother's Birthplace, *Christian Shore Md.*
8. Full Name of Father, *Henry Young*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *St. Marys Co. Md.*
- Name of Medical Attendant, *or other Person who makes this Return.* *William Morgan*
- Address, *No. 476 Chatham St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 6th 1881
4. Place of Birth, (Street and Number) Belvidere Street
5. Full Name of Mother Frederica Berger
6. Mother's Maiden Name Brandt
7. Mother's Birthplace Germany
8. Full Name of Father Rudolph Berger
9. Father's Occupation Beer Brewer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. D. T. Seldin M.D.
- Address 474 N. Gay St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH,

50025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 Sex (state whether male or female) female  
 Race or Color, (if not of the white race) white  
 Date of Birth September 18 1891  
 Place of Birth, (Street and Number) Baltimore Carey St No 102  
 Full Name of Mother Catharine Snyder  
 Mother's Maiden Name Dezilds  
 Mother's Birthplace Baltimore  
 Full Name of Father John Snyder  
 Father's Occupation laborer  
 Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Keithouse  
 Address William St No 34  
 Remarks



CERTIFICATE CORRECTED 11-5-89 1026  
**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**



**Name:** Louis W. Schroth

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 6th 1881

4. Place of Birth (Street and Number)

No 134 Pearl St Balt.

5. Full Name of Mother

Mary (Schroth) Schroth

6. Mother's Maiden Name

Mary Weil

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles (Schroth) Schroth

9. Father's Occupation

Labourer

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Address

Dr. S. Fulkerson M.D.  
No 134 Pearl St Balt.

Remarks

If you send me the  
Postage I will appear

rect Rec ord of 1.11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6 of September*
4. Place of Birth, (Street and Number) *of Lloyd St*
5. Full Name of Mother, *Annie Otto*
6. Mother's Maiden Name, *Platt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edw Otto*
9. Father's Occupation, *Undertaker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs. Ros. Ullig*  
*48 Holland St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50028

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 6
4. Place of Birth (Street and Number) 59 Madison St
5. Full Name of Mother Mrs. J. M. Jones
6. Mother's Maiden Name J. M. Jones
7. Mother's Birthplace P.B.
8. Full Name of Father John A. Jones
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return John A. Jones
- Address 59 Madison St
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50029

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 6<sup>th</sup> 81

4. Place of Birth (Street and Number) 30 Bath St

5. Full Name of Mother Alice Emma Samson

6. Mother's Maiden Name Alice E. Beck

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm. T. Samson

9. Father's Occupation Porter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. G. Welch M.D.

Address 5-1 1/2 Calvert St

Remarks Baltimore  
Ind



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50030

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Sept
4. Place of Birth, (Street and Number) 45. North St
5. Full Name of Mother, Josephine Paula
6. Mother's Maiden Name, Kelick
7. Mother's Birthplace, Sinava Bohemia
8. Full Name of Father, Robert Paul
9. Father's Occupation, Labour
10. Father's Birthplace, Belle
- Name of Medical Attendant, or other Person who makes this Return Josephine Remond
- Address, 120 Barnes St
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 555 Central Ave
5. Full Name of Mother Barbara Moesman
6. Mother's Maiden Name Barbara Bernier
7. Mother's Birthplace Chalis
8. Full Name of Father George Moesman
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Lena Hoff Gulligoss
- Address 1826 Monument St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50032

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 84
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sept 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Davis St
5. Full Name of Mother Charity Jamieson
6. Mother's Maiden Name Barnes
7. Mother's Birthplace Md
8. Full Name of Father Richd H Jamieson
9. Father's Occupation Waiter
10. Father's Birthplace Va
- Name of Medical Attendant, or other Person who makes this return. R. C. Lee
- Address Hanover St
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth 6<sup>th</sup> Sept 1891
4. Place of Birth, (Street and Number) 186 Johnsons'
5. Full Name of Mother Fanny Cherry
6. Mother's Maiden Name Holmes
7. Mother's Birthplace Israel
8. Full Name of Father Bradford Cherry
9. Father's Occupation Druggist
10. Father's Birthplace va
- Name of Medical Attendant, or other Person who makes this Return. H. W. Nebel & Co.
- Address 57 Market
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

CITY NAME ADDRESS 6-2-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Percy Alexander Bateman



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Tuesday Sept 6th. 1881

4. Place of Birth (Street and Number)

248 Cothuitation St.

5. Full Name of Mother

Mary Bateman

6. Mother's Maiden Name

Mary Johnson

7. Mother's Birthplace

Wifflin Co, Pa.

8. Full Name of Father

Wm H. Bateman

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

William Brinton, M.D.

Address

25 1/2 Greenmount Ave

Remarks "Very Pleasant."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

57-1887  
50035



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Tuesday, September 6th. 1887  
 4. Place of Birth (Street and Number) 21 Forrest Place  
 5. Full Name of Mother Jennie McWhirter  
 6. Mother's Maiden Name Jennie Leamon  
 7. Mother's Birthplace Alexandra Va  
 8. Full Name of Father Wm McWhirter  
 9. Father's Occupation Printer  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Wm Brinton M.D.  
 Address 25 1/2 Greenmount Ave  
 Remarks "Very Presentation"

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 6 1881
4. Place of Birth, (Street and Number) 763 Madison St.
5. Full Name of Mother, Annie Brickerley
6. Mother's Maiden Name, Annie Carson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard H. Brickerley
9. Father's Occupation, Dental Surgeon
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Dr. Brickerley
- Address 1212 Madison St.
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 50037

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth September 4th
4. Place of Birth, (Street and Number) Fort and 468
5. Full Name of Mother Mary Leach
6. Mother's Maiden Name Mary Binkley
7. Mother's Birthplace Balto
8. Full Name of Father James Leach
9. Father's Occupation brick molder
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson
- Address Fort and 452
- Remarks Mother and child is doing well



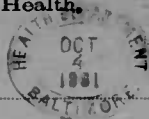
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) .....
  3. Date of Birth, September 6<sup>th</sup> 1881
  4. Place of Birth, (Street and Number) No 129 N Wolf St
  5. Full Name of Mother, Alice E. Taylor
  6. Mother's Maiden Name, " " Warriman
  7. Mother's Birthplace, Baltimore City
  8. Full Name of Father, Charles R. Taylor
  9. Father's Occupation, Car Maker
  10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Wm B Russell  
Address No 238 N Broadway  
Remarks, .....

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50039

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2d
1. Sex, (state whether male or female) ... female
2. Race or Color, (if not of the white race) ... white
3. Date of Birth, ... 7 September 1881
4. Place of Birth, (Street and Number) ... Lexington Street 206
5. Full Name of Mother, ... Thekla Tomz
6. Mother's Maiden Name, ... Thekla Reinhofer
7. Mother's Birthplace, ... Stuttgart, Germany
8. Full Name of Father, ... Karl B. Tomz
9. Father's Occupation, ... Platter
10. Father's Birthplace, ... Villach, Austria
- Name of Medical Attendant, or other Person who makes this Return ... A. I. Reinhard
- Address, ... 224 West Fayette Street
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50040

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 7<sup>th</sup> 1887

4. Place of Birth (Street and Number) 169 Gough Street

5. Full Name of Mother Elmira O'Neill

6. Mother's Maiden Name Ruth

7. Mother's Birthplace Baltimore

8. Full Name of Father James M. O'Neill

9. Father's Occupation Captain (Retired)

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return James J. McNamee M.D.

Address 68 W. Broadway

Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept. 7<sup>th</sup> 1881  
 4. Place of Birth (Street and Number) South Ann Street  
 5. Full Name of Mother Sarah Curry  
 6. Mother's Maiden Name " Kothney  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Benjamin F. Curry  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Harford Co. Md.  
 Name of Medical Attendant, or other Person who makes this return James A. McShane, M.D.  
 Address 68 1/2 Broadway  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 25 1888*
4. Place of Birth, (Street and Number) *457 Light St*
5. Full Name of Mother, *Katie R. V. Kreeg*
6. Mother's Maiden Name, *Katie R. V. Spauld*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frederic Ross*
9. Father's Occupation, *Polisher*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore C. K. M.D.*
- Address *126 Naumuck*
- Remarks

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50048

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *24th of September 1881*  
 4. Place of Birth, (Street and Number) *29 North Wolf Street*  
 5. Full Name of Mother, *Frances Ginger*  
 6. Mother's Maiden Name, *Frances Marchel*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *John Marchel*  
 9. Father's Occupation, *Laborer*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Christina Dunkel*  
 Address *21 North Chapel Street per Christina Dunkel*  
 Remarks *Natly.*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50044

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of September 1881
4. Place of Birth, (Street and Number) 334 East Green Street
5. Full Name of Mother, Josephina Price
6. Mother's Maiden Name, Josephina James
7. Mother's Birthplace, Summers County
8. Full Name of Father, William J. James
9. Father's Occupation, Laborer
10. Father's Birthplace, William James Summers County Virginia
- Name of Medical Attendant, or other Person who makes this return C. M. L. L. L.
- Address 11 North Chapel Street per postman R. M. L.
- Remarks Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

GIVEN NAME ADDED 11-18-54

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name: Blanche Heyser

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)
1. Sex (~~state whether male or female~~) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. Seventh (7) 1881
4. Place of Birth, (Street and Number) 64 E. Chase St.
5. Full Name of Mother Katherine Heyser
6. Mother's Maiden Name Katherine Ball
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Heyser
9. Father's Occupation Green Grocer & C.
10. Father's Birthplace Washington Co. Ind.
- Name of Medical Attendant, or other Person who makes this Return. James A. Leckie M.D.
- Address 112 Saratoga St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50046

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

2 Shuter St Sep 7 1888

4. Place of Birth, (Street and Number)

2 Shuter St

5. Full Name of Mother,

6. Mother's Maiden Name,

Sarah Margery Johnson

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woolford

Address,

138 Register St

Remarks,

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Sept 7<sup>th</sup>*
4. Place of Birth, (Street and Number)..... *Cabotown*
5. Full Name of Mother,..... *May Gordon*
6. Mother's Maiden Name,..... *Spencer*
7. Mother's Birthplace,..... *Harrods Creek - Ind*
8. Full Name of Father,..... *James Gordon*
9. Father's Occupation,..... *Painter*
10. Father's Birthplace,..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return...... *E. H. Myers M.D.*
- Address,..... *Cor. Street & Penhwy*
- Remarks,.....

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First girl*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *sep 7*
4. Place of Birth, (Street and Number) *Cal Saratoga 543*
5. Full Name of Mother, *Louiseer marr*
6. Mother's Maiden Name, *Louiseer marr*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *got none*
9. Father's Occupation, *got none*
10. Father's Birthplace, *got none*
- Name of Medical Attendant, or other Person who makes this Return. *Shelley proctor mid wife*
- Address, *Calton st do 10*
- Remarks,



"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: Bertha Hartung  
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, 7 September  
4. Place of Birth, (Street and Number) 806 Lombard  
5. Full Name of Mother, Caroline (Hartman) Hartung  
6. Mother's Maiden Name, (Hagen) Hagen  
7. Mother's Birthplace, Dallas, Tex.  
8. Full Name of Father, Henry (Hartman) Hartung  
9. Father's Occupation, Superintendent  
10. Father's Birthplace, Dallas, Tex.  
Name of Medical Attendant, or other Person who makes this Return Wm. Dara Casper  
Address, 72 E. Lombard  
Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge of a birth, shall report to the registrar aforesaid, not later than six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Born on the 7<sup>th</sup> of September*
1. Sex, (state whether male or female)... *a Male Child*
2. Race or Color, (if not of the white race) *a Colored Child*
3. Date of Birth, *7 of September 1881*
4. Place of Birth, (Street and Number) *at No 18 Dearah & W St Baltimore Md*
5. Full Name of Mother, *Dearah Hayatt Joney*
6. Mother's Maiden Name, *Dearah E. Joney*
7. Mother's Birthplace, *Eastern Shore Va*
8. Full Name of Father, *Loyd A. Milleson, groom*
9. Father's Occupation, *Deayman*
10. Father's Birthplace, *Shorts Burg Maryland*
- Name of Medical Attendant, *Mary. Tur*  
or other Person who makes this Return.
- Address, *City Hall Baltimore Md*
- Remarks, *Put into No 15*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 10, 1891*
4. Place of Birth, (Street and Number) *1100 E. Lombard St. No. 12*
5. Full Name of Mother, *Helena Müller*
6. Mother's Maiden Name, *Helena Hagenstein*
7. Mother's Birthplace, *Hermann, Pr. Province, Germany*
8. Full Name of Father, *Wilhelm F. Müller*
9. Father's Occupation, *Jeweler*
10. Father's Birthplace, *Altendorf, Pr. Prov. Sachsen, Germany*

Name of Medical Attendant, or other Person who makes this return *Mary C. Müller*

Address, *12 Dallas St. No. 26*

Remarks.

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth Sept. 7th 1891
4. Place of Birth (Street and Number) No. 168 Vine St.
5. Full Name of Mother Martha Brooks
6. Mother's Maiden Name Martha Wilson
7. Mother's Birthplace Balto. City
8. Full Name of Father Richard Brooks
9. Father's Occupation Porter
10. Father's Birthplace Easton Md.
- Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner M.D.
- Address No. 120 N. Greene St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*  
1. Sex, (state whether male or female). *female*  
2. Race or Color, (if not of the white race) *Black*  
3. Date of Birth, *7 September*  
4. Place of Birth, (Street and Number) *38 Lutz Street*  
5. Full Name of Mother, *Rosa Dixon*  
6. Mother's Maiden Name, *Wilson*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Mass Dixon*  
9. Father's Occupation, *Cook*  
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs. Rod Yelley*  
*48 Hollander St*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *7 of Children*
1. Sex, (state whether male or female) ... *Male*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *7 of September*
4. Place of Birth, (Street and Number) ... *No 139 Baltimore*
5. Full Name of Mother, ... *Gene White*
6. Mother's Maiden Name, ... *James Buchanan*
7. Mother's Birthplace, ... *Boston*
8. Full Name of Father, ... *Reuben White*
9. Father's Occupation, ... *Teacher*
10. Father's Birthplace, ... *Boston*
- Name of Medical Attendant, or other Person who makes this Return ... *Joseph J. Starnes*
- Address, ... *No 139 West St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) W
3. Date of Birth Sept 9 1881
4. Place of Birth, (Street and Number) 10 Oliver St
5. Full Name of Mother Willie McLesky
6. Mother's Maiden Name Willie Maryman
7. Mother's Birthplace N York
8. Full Name of Father W Henry Maryman
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W H Patterson M D
- Address 28 Franklin St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 7<sup>th</sup> Sept. 1881
4. Place of Birth, (Street and Number) 17 Henrietta
5. Full Name of Mother Emma Addison
6. Mother's Maiden Name Nyeth Edmonson
7. Mother's Birthplace Balt.
8. Full Name of Father Taylor Addison
9. Father's Occupation Merchant
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. Dr. W. Webster M.D.
- Address 57 Barron
- Remarks \_\_\_\_\_



That any Physician, Accoucher, Midwife, or other Person who makes this Return, shall report to the Registrar aforesaid, six days at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *Sept. 7<sup>th</sup> 1881.*  
4. Place of Birth, (Street and Number) *222 Conway St.*  
5. Full Name of Mother, *Catharine Diety*  
6. Mother's Maiden Name, *" Lindaur.*  
7. Mother's Birthplace, *Balto.*  
8. Full Name of Father, *Geo Diety,*  
9. Father's Occupation, *Clerk.*  
10. Father's Birthplace, *Balto.*  
Name of Medical Attendant, or other Person who makes this Return. *R. J. N. Tall. M.D.*  
Address, *152 Sharp. St.*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 7 1881
4. Place of Birth, (Street and Number) 334 Hanna Ave
5. Full Name of Mother Lucie Ganning
6. Mother's Maiden Name Annie Sargeant
7. Mother's Birthplace Baltimore
8. Full Name of Father John Ganning
9. Father's Occupation Physician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. M. Ganning
- Address 334 Hanna Ave
- Remarks \_\_\_\_\_

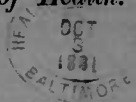
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth Sept 7 1881

4. Place of Birth, (Street and Number) 216 Presden St

5. Full Name of Mother Ann St. Cairne

6. Mother's Maiden Name Ann St. Cairne

7. Mother's Birthplace Germany

8. Full Name of Father Butcher

9. Father's Occupation Germany

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Mesinger

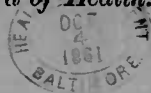
Address 645 Presden Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race)

3. Date of Birth *Sept. 7th 1881*

4. Place of Birth (Street and Number) *1611 North St.*

5. Full Name of Mother *William Emma Turner*

6. Mother's Maiden Name *Lisa Anna*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Turner*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. W. S. Coffey*

Address *343 N. Lombard*

Remarks

advise at the birth of every child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 7, 1881*
4. Place of Birth, (Street and Number) *N 121 W. B. St. S*
5. Full Name of Mother, *Louisa A. Nunn*
6. Mother's Maiden Name, *Louisa A. Krug*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Stephen E. Nunn*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Harford Co. Md*
- Name of Medical Attendant, or other Person who makes this Return, *J. L. Hatard M.D.*
- Address, *N 114 Park Ave.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

50063



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Sept-7<sup>th</sup> 1881  
4. Place of Birth (Street and Number) 32 Dunmole St  
5. Full Name of Mother Eugenie Engels Guerrero  
6. Mother's Maiden Name Antoinette Hartz  
7. Mother's Birthplace Düren Germany  
8. Full Name of Father Arthur Rose Guetand  
9. Father's Occupation \_\_\_\_\_  
10. Father's Birthplace Charleston S. C.  
Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_  
Address \_\_\_\_\_  
Remarks 24 Cathedral St J. L. Miles M.D.

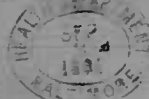
"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

50064  
September 3rd 1891



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September

4. Place of Birth, (Street and Number) 28 Duke St.

5. Full Name of Mother, Katherine G. H.

6. Mother's Maiden Name, Katherine Gasker

7. Mother's Birthplace, Germany

8. Full Name of Father, Christ G. H.

9. Father's Occupation, Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 10137 N. Ave. St.

Remarks,

Mrs. Mary Amend

"That any physician, accoucheur, midwife or other person in charge, who shall attend, advise or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

30665

September 3 4 1881



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. It.

3. Date of Birth, September 7

4. Place of Birth, (Street and Number) 134 E. Hampden St.

5. Full Name of Mother, Maggie Schaper

6. Mother's Maiden Name, Maggie Schaper

7. Mother's Birthplace, Germany

8. Full Name of Father, Richard Schaper

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 137 Maple St.

Remarks, J. H.

Mrs. Mary Schaper



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50066

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday Sep. 8<sup>th</sup> 1881

4. Place of Birth (Street and Number)

237 Bolton St Baltimore

5. Full Name of Mother

Donna Reid

6. Mother's Maiden Name

Donna Carter

7. Mother's Birthplace

Same, River - Va

8. Full Name of Father

Charles Reid

9. Father's Occupation

Keeper of Border warehouse

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Leff & Dink M.D.  
87 Franklin St.

Address

Remarks

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Child  
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 8<sup>th</sup> 1891.

4. Place of Birth, (Street and Number)

287 Pennsylvania Ave.

5. Full Name of Mother,

Emma V. Hall

6. Mother's Maiden Name,

Emma V. Whitehouse.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Monticello Hall.

9. Father's Occupation,

Book-keeper.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child - Healthy.

J. R. Hall  
Carroll & Co. Inc.

"That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th Child  
Male



Sept 8th 81

1053 Suttman's alley

Sarah Schene

John

America

William Schene

America

Boiler maker

J. Schwaesser midwife  
330 Hanover St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50069

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Sept 8 1886

4. Place of Birth, (Street and Number)

43 Bethel

5. Full Name of Mother,

6. Mother's Maiden Name,

Jane Poons

7. Mother's Birthplace,

Andersander

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Lucinda Wolford

Address,

130 Register St

Remarks,

No Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3

1. Sex, (state whether male or female)... female
2. Race or Color, (if not of the white race)... colored
3. Date of Birth, ... Sep 8
4. Place of Birth, (Street and Number) ... 1800 N. York St.
5. Full Name of Mother, ... Betty Bragg
6. Mother's Maiden Name, ... not married
7. Mother's Birthplace, ... Baltimore Md
8. Full Name of Father, ...
9. Father's Occupation, ...
10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return.

Address, ...

Remarks, ...

Mrs. J. L. Jackson  
1800 N. York St.  
Healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sep. 8
4. Place of Birth, (Street and Number) 419 West St
5. Full Name of Mother, Frank ~~pink~~ James
6. Mother's Maiden Name, Frank Wilson
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Stephen Jones
9. Father's Occupation, nothing
10. Father's Birthplace, Baltimore md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Clara Johnson
- Address, 1218 East St
- Remarks, healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 8<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *161 W. Lombard St. Maternity*
5. Full Name of Mother, *Mrs. Frederick Price*
6. Mother's Maiden Name, *Kate Irving*
7. Mother's Birthplace, *Johnson County*
8. Full Name of Father, *Frederick Price*
9. Father's Occupation, *None*
10. Father's Birthplace, *Baltimore or Leesylvania*
- Name of Medical Attendant, or other Person who makes this Return *L. L. Beiting M.D.*
- Address, *161 W. Lombard St.*
- Remarks, *J. P. Howe R. O. I. Ant*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 8th.
4. Place of Birth, (Street and Number) #162 Fulton Avenue
5. Full Name of Mother Crawford
6. Mother's Maiden Name Eva J. Hunter
7. Mother's Birthplace New York Boston
8. Full Name of Father J. B. Crawford
9. Father's Occupation Lawyer
10. Father's Birthplace Michigan Ohio
- Name of Medical Attendant, or other Person who makes this return. John Morris M.D.
- Address No. 5 Franklin St.
- Remarks \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of September
4. Place of Birth, (Street and Number) 1385. London St
5. Full Name of Mother, Minnie Minner
6. Mother's Maiden Name, Bellman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Minner
9. Father's Occupation, Labr
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. W. H. H. H.
- Address No 13 Patterson St
- Remarks,

That any physician, midwife, nurse, or other person attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50075

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) 2 child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th September
4. Place of Birth, (Street and Number) 502 Camden St
5. Full Name of Mother, Henrie Lord
6. Mother's Maiden Name, Magraw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard Long
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who make this return Mrs Wiley
- Address, No 12 Patterson Park
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 September
4. Place of Birth, (Street and Number) 90 Cambridge St
5. Full Name of Mother, Minie George
6. Mother's Maiden Name, Shoe Maker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul George
9. Father's Occupation, Saloon
10. Father's Birthplace, Prussian Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Willy Part
- Address, No 12 Patterson Park, Md
- Remarks, \_\_\_\_\_

"List any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *September 4th 1891*

4. Place of Birth, (Street and Number) *Pratt St. No 60*

5. Full Name of Mother, *Mrs. Jane Thompson*

6. Mother's Maiden Name, *Mrs. Jane Williams*

7. Mother's Birthplace, *Baldwin City*

8. Full Name of Father, *George W. Thompson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baldwin City*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address *W. D. Hall's Bldg. No 12*

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50075

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

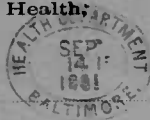


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 8<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 72 Chestnut St
5. Full Name of Mother, Josephine Hall
6. Mother's Maiden Name, Josephine Brown
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Elisha Hall
9. Father's Occupation, Laborer
10. Father's Birthplace, Boston Mass
- Name of Medical Attendant, Harriet Jackson  
or other Person who makes this Return.
- Address, 11 5 Pomeroy St
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)..
1. Sex, (state whether ~~male~~ or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Sept 8, 1881
4. Place of Birth, (Street and Number) 227 Hanford Ave
5. Full Name of Mother, Cornelia A. Gruber
6. Mother's Maiden Name, " Stauffer
7. Mother's Birthplace, Washington Co. Md
8. Full Name of Father, Victor E. Gruber
9. Father's Occupation, Printer
10. Father's Birthplace, Hagerstown Md
- Name of Medical Attendant, or other Person who makes this Return A. B. White, M.D.
- Address, 317 N. Broadway
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

(2nd)

1. Sex (state whether Male or Female)

Female

f.

2. Race or Color (if not of the white race)

White

w.

3. Date of Birth

Sept. 8th

Sept.

4. Place of Birth (Street and Number)

287 Penn. Ave.

287

5. Full Name of Mother

Emma W. Hall

6. Mother's Maiden Name

" Whitehouse

7. Mother's Birthplace

Balt.

8. Full Name of Father

Monticelli Hall

9. Father's Occupation

Book Keeper

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return

Silas Baldwin

Address

152 Iron Sound St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 8<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *39 S. Calhoun St.*
5. Full Name of Mother, *Annie Hooking -*
6. Mother's Maiden Name, *Whitmore.*
7. Mother's Birthplace, *Virginia.*
8. Full Name of Father, *George Hooking.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Walton White, M.D.*
- Address, *79 N. Gilman St.*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1  
1 boy  
white  
September 8 - 1881  
Southeast corner Murray street  
Mollie W. Coddington  
Mollie W. Coddington  
Madison  
Mollie W. Coddington  
street and corner  
Shumway  
Mrs. J. Mollie  
112 South

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 8th 1881*
4. Place of Birth (Street and Number) *40114 St. Register*
5. Full Name of Mother *Margaret Shilling*
6. Mother's Maiden Name *Hansen*
7. Mother's Birthplace *City*
8. Full Name of Father *John Shilling*
9. Father's Occupation *Printer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Galt*
- Address *120 Brook St*
- Remarks

50054

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 8th 1881
4. Place of Birth (Street and Number) No 65 E. Avenue St.
5. Full Name of Mother Ellice Clark
6. Mother's Maiden Name Moore
7. Mother's Birthplace City
8. Full Name of Father Jacobus Clark
9. Father's Occupation Retired Doctor
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Gatz
- Address 120 Bank St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 8/81
4. Place of Birth, (Street and Number) 380 Myrtle Avenue
5. Full Name of Mother Annie Amelia Moser
6. Mother's Maiden Name Page
7. Mother's Birthplace Balto. City - Md.
8. Full Name of Father Otto Moser
9. Father's Occupation Clerk
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this return. Louis M. Knight M.D.
- Address 112 N. Greene
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sep 8<sup>th</sup> 91

4. Place of Birth, (Street and Number)

113 N Howard St

5. Full Name of Mother,

Minnie Lange

6. Mother's Maiden Name,

Minnie Spallhouse

7. Mother's Birthplace,

Balt Co

8. Full Name of Father,

Henry Lange

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

M. T. M. M. M.

Address,

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11<sup>th</sup>

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1881

4. Place of Birth, (Street and Number)

Balto Belair Road.

5. Full Name of Mother,

Mary Liza

6. Mother's Maiden Name,

Mary

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Charles Liza

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Hospital

Address,

69 Washington St

Remarks,

Mary Hospital



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30015

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

Sept 1881

4. Place of Birth, (Street and Number)

Balto

5. Full Name of Mother,

L. Lashok

Bay St

6. Mother's Maiden Name,

Lizzie Budowska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

M. Lashok

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Chas

Hospital

Address,

69 Washington St

Remarks,

Chas Hospital

"That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50089

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 12, 81

4. Place of Birth, (Street and Number)

Balto James St No 16

5. Full Name of Mother,

Kat. Marsh

6. Mother's Maiden Name,

Mathison Sponadora

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Marsh

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return

Mary Koptist

Address,

69 Washington

Remarks,

Alleged stillborn



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2

1. Sex, (state whether male or female) ..

Male  
White

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

Sep 8<sup>th</sup> 1881

4. Place of Birth, (Street and Number) ..

294 Hanover St

5. Full Name of Mother, ..

Louisa Will

6. Mother's Maiden Name, ..

Louisa Hammerbeker

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

Alexander Will

9. Father's Occupation, ..

Butcher

10. Father's Birthplace, ..

Ebensville Indiana

Name of Medical Attendant, or other Person who makes this Return

Perforina M. M. M.

Address, ..

1 Lombard St

Remarks, ..

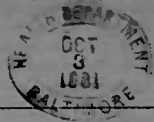
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 745 E. Mount St.
5. Full Name of Mother R. M. Phelps
6. Mother's Maiden Name Thompson
7. Mother's Birthplace Balto. City Md.
8. Full Name of Father J. S. Phelps
9. Father's Occupation Bookkeeper
10. Father's Birthplace Balto. City Md.
- Name of Medical Attendant, or other Person who makes this Return. J. Christian M.D.
- Address 431 Penn. Ave.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9 1881
4. Place of Birth, (Street and Number) 374 Madison St.
5. Full Name of Mother, Nannie Carroll
6. Mother's Maiden Name, Nannie Rose
7. Mother's Birthplace, Pa.
8. Full Name of Father, W. J. Carroll
9. Father's Occupation, Lawyer
10. Father's Birthplace, Pa.
- Name of Medical Attendant, or other Person who makes this return Dr. W. L. Brown
- Address 121 W. Lexington
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 8 / 1891
4. Place of Birth, (Street and Number) 1912 Madison Ave.
5. Full Name of Mother Mrs. Mary The
6. Mother's Maiden Name Mrs. A. Korman
7. Mother's Birthplace Baltimore
8. Full Name of Father George Mary The
9. Father's Occupation ~~1342 1/2 St. Mechen~~
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. A. Mesinger
- Address W. S. P. M. A. L. C.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

OVER NAME ADDED 1-3-50  
 CERTIFICATE COMPLETED 1-3-50  
 011911  
**RETURN OF A BIRTH**

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** Daniel McKellop

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8<sup>th</sup> September*
4. Place of Birth, (Street and Number) *Balt. 189 Dover St*
5. Full Name of Mother, *Susan M<sup>c</sup> Killip Mc Kellop*
6. Mother's Maiden Name, *Susan M<sup>c</sup> Mahon*
7. Mother's Birthplace, *Scotland*
8. Full Name of Father, *James M<sup>c</sup> Killip Mc Kellop*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Catherine Seebach*
- Address. *439 West Pratt St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50095

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, September 18th 8  
4. Place of Birth, (Street and Number) Seddenhall St  
5. Full Name of Mother, Kate Miller  
6. Mother's Maiden Name, Kate Hoover  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Sam Miller  
9. Father's Occupation, Laborer  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other Person who makes this Return, Whittman's Dr. L. H. Smith  
Address, 396 South Sharp St  
Remarks, 7 months child lived 2 days

1221  
 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



- 47.
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
  - Sex (state whether male or female) *Female*
  - Race or Color (if not of the white race) *White*
  - Date of Birth *Sept. 8, 1881.*
  - Place of Birth (Street and Number) *637 Highland st.*
  - Full Name of Mother *Lillian E. Waters*
  - Mother's Maiden Name *Schreyer*
  - Mother's Birthplace *Washington*
  - Full Name of Father *Charles M. Waters*
  - Father's Occupation *Can. Maker*
  - Father's Birthplace *Maryland*
  - Name of Medical Attendant, or other Person who makes this Return. *John Hood M.D.*
  - Address *322 Hollins st.*
  - Remarks

*This report was overlooked last month*

That any Physician, accoucheur, midwife, or other person in charge, who shall be informed of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Child Healthy.*

*3<sup>d</sup> Child.  
Female.*

*White*

*Sept. 9 1881*

*287 E. Lombard St.*

*Santa Maria Miller*

*Santa Maria McNamee*

*Dorchester Co. Md.*

*John E. Miller*

*Sea Captain*

*Dorchester Co. Md.*

*John E. Miller M.D.  
237 E. Lombard St.*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 9 September
4. Place of Birth, (Street and Number) 70 E Euter
5. Full Name of Mother, Barbara Hartman
6. Mother's Maiden Name, E Rhards
7. Mother's Birthplace, Ball Md
8. Full Name of Father, Leary Hartman
9. Father's Occupation, Wartman
10. Father's Birthplace, Ball Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper
- Address, 72 E Lamsa St
- Remarks, .....

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 1st 1892
4. Place of Birth, (Street and Number) 28 S. Castle
5. Full Name of Mother, Julia Sherman
6. Mother's Maiden Name, Borger
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Boaz Sherman
9. Father's Occupation, Workman
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return Chas. L. Barker
- Address, 72 E. Howard
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 50100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *Black*  
 3. Date of Birth, *September 10th 1894*  
 4. Place of Birth, (Street and Number) *31 Caroline*  
 5. Full Name of Mother, *Mary E. Jones*  
 6. Mother's Maiden Name, *Mary E. Garrison*  
 7. Mother's Birthplace, *Maryland*  
 8. Full Name of Father, *James Andrew Jones*  
 9. Father's Occupation, *Wagoner and Teamster*  
 10. Father's Birthplace, *St. Augustine, Fla.*  
 Name of Medical Attendant, or other Person who makes this Return *Dr. Beckwith, M.D.*  
 Address, *31 Caroline St.*  
 Remarks, *Woman had been in labor 12 hours before child born white. Placenta broken by loss of child to 12:00 P.M.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 9th
4. Place of Birth, (Street and Number) 109 E. Eastern Avenue
5. Full Name of Mother, Kate Reis
6. Mother's Maiden Name, Fortenbacher
7. Mother's Birthplace, Germany
8. Full Name of Father, John Reis
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this return
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

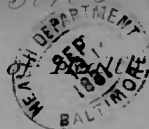


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 9, 1881
4. Place of Birth, (Street and Number) 94 Johnson St
5. Full Name of Mother Lawrence Baltimore
6. Mother's Maiden Name " " Michael
7. Mother's Birthplace St. Frederick Co
8. Full Name of Father William Baltimore
9. Father's Occupation Passenger
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs Ann. Clark
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(12)

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 9. 1881.

4. Place of Birth, (Street and Number)

35 Walker Street

5. Full Name of Mother,

Kate Wispert

6. Mother's Maiden Name,

Kate Weber.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Wispert

9. Father's Occupation,

Tanner

10. Father's Birthplace, .....

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. P. H. Lifer

Address,

20 Columbia St.

Remarks,

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 9, 1881*
4. Place of Birth, (Street and Number) *E. Dallas St. 19 36.*
5. Full Name of Mother, *Louise Schickel*
6. Mother's Maiden Name, *Louise Schickel*
7. Mother's Birthplace, *Polish City*
8. Full Name of Father, *Simon Schickel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Polish City*

Name of Medical Attendant, or other Person who makes this Return

Address, *E. Dallas St. 19 36.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 9th

4. Place of Birth, (Street and Number)

49 Harless Ave.

5. Full Name of Mother,

Kate J. Emory

6. Mother's Maiden Name,

Kate J. Tracy

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Jos. H. Emory

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. J. Sentner

Address,

No. 2 Cathedral St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2 of September*
4. Place of Birth, (Street and Number) *1250 Keanwood*
5. Full Name of Mother, *Sarah Klipper*
6. Mother's Maiden Name, *Mary Raymond*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Klipper*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *Philip S. S. S.*

Address, *1101 N. 1st St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *ninth of September 1881*
4. Place of Birth (Street and Number) *Belmont, Hancock and Union*
5. Full Name of Mother *Eliza M. Hartman*
6. Mother's Maiden Name *Eliza M. Link*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Francis Hartman*
9. Father's Occupation *Tobacco*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *William Henry*
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *9<sup>th</sup> September*
4. Place of Birth, (Street and Number), *400 Baltimore st*
5. Full Name of Mother, *Josephine Abell*
6. Mother's Maiden Name, *Josephine Penner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Lemain Abell*
9. Father's Occupation, *Pauper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss Lindner*
- Address, *45 Menow st*
- Remarks,

*Effectiveness of Fraud Scenarios in the Cult of Camouflage*

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 1904
4. Place of Birth (Street and Number) Come Main and 1st
5. Full Name of Mother Mary E. Anderson
6. Mother's Maiden Name Harmon
7. Mother's Birthplace Indiana
8. Full Name of Father John S. Anderson
9. Father's Occupation Ironing
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return Dr. J. B. Brown
- Address 57 Madison St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50111

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 9 1881.

4. Place of Birth (Street and Number)

367 Lexington St. Balt.

5. Full Name of Mother

Martha V. Rutter

6. Mother's Maiden Name

Martha V. Hennricks

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wilbur A. Rutter

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Arthur C. Harris M.D.

Address

No. 360 Lexington St.

Remarks

Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, stating whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept-9th 1881

4. Place of Birth (Street and Number)

288 Loratoga St

5. Full Name of Mother

Florence Virginia Toner

6. Mother's Maiden Name

Shaw

7. Mother's Birthplace

Ohio

8. Full Name of Father

James Cooper Toner

9. Father's Occupation

Dairy & Coal business

10. Father's Birthplace

Litchtown Penna.

Name of Medical Attendant, or other Person who makes this Return.

W.D. Booker M.D.

Address

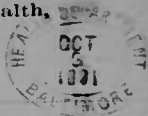
152 Madison St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Ninth*
4. Place of Birth, (Street and Number) *276 S. Sharp St.*
5. Full Name of Mother, *Maragath Kessler*
6. Mother's Maiden Name, *Maragath. Armbrust*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Phillip Kessler*
9. Father's Occupation, *Glass Blower*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Herman Munn*
- Address, *1 Lindenfall St.*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

30114

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 9th 1881*  
 4. Place of Birth (Street and Number) *75 E. Biddle St*  
 5. Full Name of Mother *Addie Foster*  
 6. Mother's Maiden Name *Addie McVeigh*  
 7. Mother's Birthplace *Accomac Co. Virginia*  
 8. Full Name of Father *James Foster*  
 9. Father's Occupation *Plumber & Gas fitter*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who  
 made this Return. *A. J. Watson*  
 Address. *437 N. Central Ave*  
 Remarks

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 9th. 1881*

4. Place of Birth, (Street and Number) *No 227 Sumners St.*

5. Full Name of Mother, *Annie Adoler*

6. Mother's Maiden Name, *Annie Seigle*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Doc Adoler*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Mrs. M. A. Butts*  
or other Person who makes this Return

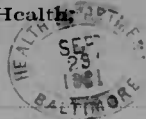
Address, *19. 185 A. E. cor. Central av. & Monument St.*

Remarks, *All Well.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*

1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 16<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *53 Caroline St Baltimore City*
5. Full Name of Mother, *Archie Cullon Mooney*
6. Mother's Maiden Name, *Archie Cullon*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Mooney*
9. Father's Occupation, *Sea Store*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs. Mary. C. Sissins*  
*171 S. Washington St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 10th September 1881

4. Place of Birth (Street and Number) 111 10 miles St Baltimore

5. Full Name of Mother Kate Roach

6. Mother's Maiden Name Kate McCarry

7. Mother's Birthplace Baltimore Md

8. Full Name of Father William Roach

9. Father's Occupation Brightlayer

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs S Heller

Address 242 Pratt St Baltimore

Remarks

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex, (state whether male or female) *female*  
 2. Race or Color, (if not of the white race) *colored*  
 3. Date of Birth, *September 1st 1881*  
 4. Place of Birth, (Street and Number) *No 11 Burgundys Alley*  
 5. Full Name of Mother, *Rebecca Barnes*  
 6. Mother's Maiden Name, *Rebecca Dawson*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *John Barnes*  
 9. Father's Occupation, *Sailor*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Mary Dawson*  
 Address, *41 Yellow Lane*  
 Remarks, *five children*

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 10 - 81

4. Place of Birth, (Street and Number)

No 460 E. Chase

5. Full Name of Mother,

Jane Heigh Creamer

6. Mother's Maiden Name,

Jane Heigh Blake

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Wm B. Creamer

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Belts

Name of Medical Attendant, or other Person who  
makes this Return

Harry L. Caldwell

Address,

286 N. Lombard

Remarks,



- That any physician, accoucheur, midwife, or other person in charge, when shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

30120

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.*

1. Sex, (state whether male or female) *Boie*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 Sept.*

4. Place of Birth, (Street and Number) *16. Pulaski St.*

5. Full Name of Mother, *Paulina Ruzicka*

6. Mother's Maiden Name, *Nebecki*

7. Mother's Birthplace, *St. Petersburg*

8. Full Name of Father, *Jan J. Ruzicka*

9. Father's Occupation, *pharmaker*

10. Father's Birthplace, *St. Petersburg*

Name of Medical Attendant, or other Person who makes this Return *Prof. J. H. H. H.*

Address, *100 N. E. St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *September 10th*  
 4. Place of Birth, (Street and Number) *388 N. Henry St.*  
 5. Full Name of Mother, *Sallie Batty*  
 6. Mother's Maiden Name, *Sallie Menzie*  
 7. Mother's Birthplace, *Baltimore City*  
 8. Full Name of Father, *James Batty*  
 9. Father's Occupation, *Printer*  
 10. Father's Birthplace, *Baltimore City*  
 Name of Medical Attendant, *M. J. Leonard*  
 Address, *435 N. N. Henry St*  
 Remarks, *Very I think don't think it will live*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50122



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 10<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 43 or Calvert st*
5. Full Name of Mother *Gally B Forester*
6. Mother's Maiden Name *Harper*
7. Mother's Birthplace *Delaware Co Pa*
8. Full Name of Father *James P Forester*
9. Father's Occupation *Life Ins Commissioner*
10. Father's Birthplace *Dover, Delaware*
- Name of Medical Attendant, or other Person who makes this Return. *L O Winternitz M.D.*
- Address *12 S. Eden st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50123

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether ~~Male~~ Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Apr. 10<sup>th</sup> 1891*
4. Place of Birth (Street and Number) *260 S. Lombard St.*
5. Full Name of Mother *Margaret E. Bush*
6. Mother's Maiden Name *Margaret Hughes*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Albert A. Bush*
9. Father's Occupation *Sailmaker*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *John F. Connors M.D.*
- Address *S. W. Calver & Reactor*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50124

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third {3}*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 10th 1881*
4. Place of Birth (Street and Number) *#14 South Eden Street*
5. Full Name of Mother *Dane Pritchard*
6. Mother's Maiden Name *Dane Gant*
7. Mother's Birthplace *Harpers Ferry Va*
8. Full Name of Father *Wesley Pritchard*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Cooks M.D.*
- Address *241 E Baltimore*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50128

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 September
4. Place of Birth, (Street and Number) 245 John Street
5. Full Name of Mother Josefa Ida
6. Mother's Maiden Name Jankuboski
7. Mother's Birthplace Gnesen Germany
8. Full Name of Father Wolaty Jankuboski
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace Hungarville
- Name of Medical Attendant, or other Person who makes this Return. Marie Guttner
- Address Wolfe Street 245
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50126

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether Male or Female) *♂*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *Sept 10*

4. Place of Birth (Street and Number) *1891*

5. Full Name of Mother *Mrs. Robertson*

6. Mother's Maiden Name *Mrs. Valliant*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Wm. Robertson*

9. Father's Occupation *Printer (Chas. Rept. Wks. Office)*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Richard Lushington*

Address *189 W Howard St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Sixth) 6<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 10<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No. 209 North Bond St
5. Full Name of Mother Mrs. Josephine E. Mobley
6. Mother's Maiden Name Miss Josephine E. Pruscup
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Wm H. Mobley
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. William H. Hendricks M.D.
- Address No. 102 N. Broadway
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 50128

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Given Name - *Henry Fred*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *born on the 10<sup>th</sup> of Sept. 1881*
4. Place of Birth, (Street and Number) *4<sup>th</sup> & Prince St. Balt.*
5. Full Name of Mother *Carolina Schuch*
6. Mother's Maiden Name *Le* *Kell*
7. Mother's Birthplace *born in Calonsville Balt. County*
8. Full Name of Father *John Schuch*
9. Father's Occupation *Valter*
10. Father's Birthplace *born in Calonsville Balt. County*

Name of Medical Attendant, or other Person who makes this return. *Mr. H. M.*

Address *1117*

Remarks *born alive, 4-21-53*  
*H.M.*



# RETURN OF A BIRTH,

50129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

or Color, (if not of the white race)

of Birth

of Birth, (Street and Number)

Name of Mother

her's Maiden Name

her's Birthplace

Name of Father

her's Occupation

her's Birthplace

of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th female

white race

September the 10

Baltimore Dubl St

Mary Scot

Mary Scot

Baltimore

George Scot

laborer

German

Elizabeth H. H. H.

William St No 3074



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 (children)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 of September*
4. Place of Birth, (Street and Number) *No 230 W. Hillman St*
5. Full Name of Mother, *Mary W. Hoessler*
6. Mother's Maiden Name, *Mary White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hoessler*
9. Father's Occupation, *Carver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Eschbacher*
- Address, *No 25 West St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50131

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3<sup>rd</sup>) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep 10 1881*
4. Place of Birth (Street and Number) *89 George Street*
5. Full Name of Mother *Maggie Larrison*
6. Mother's Maiden Name *Maggie Byers*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Washington Larrison*
9. Father's Occupation *Contractor*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Larrison*
- Address *231 N. Frederick St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51139

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 16 1881*
4. Place of Birth, (Street and Number) *Eastern St. 19 103.*
5. Full Name of Mother, *Katharine Evermeyer*
6. Mother's Maiden Name, *Katharine Muller*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Friedrich Evermeyer*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address, *4 Dallas St. 14 16.*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50133

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Child*



1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 10, 1881*
4. Place of Birth, (Street and Number) *Eden St. 19165*
5. Full Name of Mother, *Sellie Effler*
6. Mother's Maiden Name, *Sellie Kimmel*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *John Effler*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *2 Dallas St. 19165*

Remarks, \_\_\_\_\_

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50134

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Girl

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th September

4. Place of Birth, (Street and Number)

36 Pennsylvania Avenue

5. Full Name of Mother,

Mary Bertha Landreth

6. Mother's Maiden Name,

"Hildelet"

7. Mother's Birthplace,

France Francis B. Lang

8. Full Name of Father,

Charles Soda Water Vingar Manufacturing

9. Father's Occupation,

10. Father's Birthplace,

France Mr. Sommerfeld

Name of Medical Attendant, (or other Person who makes this Return)

38 Pennsylvania Avenue

Address,

Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 10th 1881 99. E. Eager St
4. Place of Birth, (Street and Number) 99. E. Eager St
5. Full Name of Mother Maggie A. Whitney
6. Mother's Maiden Name Christ
7. Mother's Birthplace Balt City
8. Full Name of Father Henry D. Whitney
9. Father's Occupation H. & S. Shoer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. D. W. Brown M.D.
- Address 174. N. Jay St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth the 10 of Sep 1881

4. Place of Birth, (Street and Number) No 256 Central ave

5. Full Name of Mother Kalen Herlich

6. Mother's Maiden Name Kalen Albracht

7. Mother's Birthplace German

8. Full Name of Father George Albracht

9. Father's Occupation Salor

10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this return Mrs Christina Sauer

Address 173 Thayer ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 10 1891*
4. Place of Birth (Street and Number) *421 E. Lombard St.*
5. Full Name of Mother *Anna M. Alexander*
6. Mother's Maiden Name *" " Leary*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Alexander*
9. Father's Occupation *Saladman*
10. Father's Birthplace *Phila. Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Williams*
- Address *77 W. Broadway*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sep 10
4. Place of Birth, (Street and Number) Chart st
5. Full Name of Mother, Rachel Moore
6. Mother's Maiden Name, Rachel Johnson
7. Mother's Birthplace, Sand Spring Md
8. Full Name of Father, Levi Moore
9. Father's Occupation, day man
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Clara Johnson
- Address, 200 18 Chart st
- Remarks, delicate child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50139

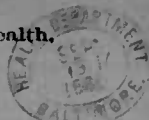
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 10 September
4. Place of Birth, (Street and Number) 61 E Pratt
5. Full Name of Mother, Mrs Lyons
6. Mother's Maiden Name, Mahan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Lyons
9. Father's Occupation, Wagonman
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs Sara Capper
- Address, 72 Baltimore
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 September
4. Place of Birth, (Street and Number) 205 Essex
5. Full Name of Mother, Louise Hittenberg
6. Mother's Maiden Name, Kolman
7. Mother's Birthplace, Dall Md
8. Full Name of Father, John Hittenberg
9. Father's Occupation, Engineer
10. Father's Birthplace, Dall Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Eva Barker
- Address, 22 Lombard
- Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Sept 10th 81

Edna Wolf

Marshall St. House without number

Schneider

Germany

John Wolf

Labarer

America

J. Schwager midwife

330 Hanover St.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth  
Female  
White  
Sep. 10. 81  
West. St. No. 107.  
Elizabeth Schaeffer  
" Schaeffer  
Baltimore  
Chas. H. Schaeffer  
Brick Moulder  
Germany  
Professor Mary  
Landaufer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday, the Sept. 10th. 1881.*
4. Place of Birth (Street and Number) *S. E. Cor of Hampstead & Calver St.*
5. Full Name of Mother *Julia Cook.*
6. Mother's Maiden Name *Julia Rodgers*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John Cook*
9. Father's Occupation *Wood Turner*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Britton, M.D.,*
- Address *15 1/2 Greenmount Ave.*
- Remarks *Justly Presentation?*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

501411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Leonard Winkler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second



1. Sex ~~(state whether male or female)~~
  2. Race or Color (if not of the white race)
  3. Date of Birth *Tenth September 1881*
  4. Place of Birth (Street and Number) *100 Withelm St*
  5. Full Name of Mother *G. Lightfoot Winkler*
  6. Mother's Maiden Name *Eliza Lett Hoyle*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Charles Winkler*
  9. Father's Occupation *Cooper*
  10. Father's Birthplace *Hartford*
- Name of Medical Attendant, *A. W. C. Collins*  
or other Person who makes this Return.
- Address *343 W. Lombard St*
- Remarks *2-9-54*  
*L. M.*

GIVEN UNDER MY HAND

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 10

4. Place of Birth, (Street and Number) 197 Cambridge

5. Full Name of Mother, Lizzie E.

6. Mother's Maiden Name, Fruchwald

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl E.

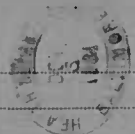
9. Father's Occupation, Labors

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. Louis C. Kraft  
or other Person who makes this Return

Address, 236 Canton Ave.

Remarks:

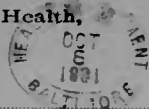




"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 10<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *304 Greenmt Ave.*
5. Full Name of Mother, *Isabella Hopkins*
6. Mother's Maiden Name, *Campbell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W. Hopkins*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Edw. N. Hunter M.D.*
- Address, *36 Greenmt Ave.*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 10th

4. Place of Birth, (Street and Number)

No 192

S. Charles st

5. Full Name of Mother,

Lizzie Borcharding

6. Mother's Maiden Name,

Bardenfeldt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herman Borcharding

9. Father's Occupation,

Doorman Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes the Return

C. S. Buddenbom

Address,

164 S. Race st.

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30148

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male



2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 11 - 81

4. Place of Birth, (Street and Number)

107 Perry St.

5. Full Name of Mother,

Augusta Hemant  
Begeske

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Hemant  
Blacksmith

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lohrsgasser Midwife  
330 Hancock St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30149

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 11 - 81  
No 154 West St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Regina Gehhardt  
Gehhardt

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

George Gehhardt  
Gardner

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser midwife  
330 Hanover St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50157

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11<sup>th</sup> 1891
4. Place of Birth, (Street and Number) 18 Church St
5. Full Name of Mother, Louisa Simpson
6. Mother's Maiden Name, Louisa Stecker
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Mrs. N. Simpson Rimpkins
9. Father's Occupation, Glass Blower
10. Father's Birthplace, New Jersey
- Name of Medical Attendant, or other Person who makes this return Thomas Cook, M.D.
- Address, 146 N. Hanover St
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30151

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 11, 1881

4. Place of Birth, (Street and Number)

Spring St. No. 136

5. Full Name of Mother,

Wilhelmine Schroeder

6. Mother's Maiden Name,

Wilhelmine Ritter

7. Mother's Birthplace,

Wiesbaden, Pr. Prussia, Germany

8. Full Name of Father,

Gerhard Schroeder

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Prussia, Pr. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary E. Miller

Address,

Spring St. No. 136

Remarks.

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51159

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th September

4. Place of Birth, (Street and Number)

No 350 W. Sullivan St.

5. Full Name of Mother,

Kate Carson

6. Mother's Maiden Name,

Kate Dapp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Carson

9. Father's Occupation,

Brickmason

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Joseph Carson

Address,

No 350 W. Sullivan St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name of Child: *Henry M. Schuch*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth *the 11 of Sep*  
 4. Place of Birth, (Street and Number) *No 12 B. Rd. St*  
 5. Full Name of Mother *Francis Dentkraft*  
 6. Mother's Maiden Name *Francis Schue*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Jacob Schue*  
 9. Father's Occupation *Gardner*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this return *Mrs G. Cristina Gamm*  
 Address *177 Hanover St.*  
 Remarks *1889*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Born on the 11th of Sept. 1881
4. Place of Birth, (Street and Number) 1418 Calverton Road
5. Full Name of Mother Lewis Gifford Wadenschied
6. Mother's Maiden Name Gifford
7. Mother's Birthplace Balle
8. Full Name of Father Reinhold Wadenschied
9. Father's Occupation Salesman
10. Father's Birthplace Born in Germany
- Name of Medical Attendant, or other person who makes this Return. M. Miller
- Address 1417 N. 1st St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5 Child  
2 Male  
Jewish  
11 of September  
135 Gay St  
Louis Steel  
Kunich  
Punig  
Louis Steel  
Glatier  
Punig

Mrs. Rose Ulling  
48 Holliday St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

30157

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 3*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the 11.*
4. Place of Birth (Street and Number) *N. Dallas st. 301*
5. Full Name of Mother *Annie Smith*
6. Mother's Maiden Name *Annie O'Brien*
7. Mother's Birthplace *Philadelphia*
8. Full Name of Father *Alexander B. Smith*
9. Father's Occupation *Show card Writer*
10. Father's Birthplace *Providence Rhode Island*
- Name of Medical Attendant, or other Person who makes this Return. *Luise A.C. Overton*
- Address *No. 340 N. Washington st.*
- Remarks *Helthey.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 50158

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 11. 1881
4. Place of Birth, (Street and Number) 33 Hamburg st
5. Full Name of Mother, Laura Harney
6. Mother's Maiden Name, Laura Harney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Harney
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, 122 N. 1st St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50159



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11 - 1881*
4. Place of Birth (Street and Number) *No 12 S. Eden st*
5. Full Name of Mother *Jennie W. Wintermute*
6. Mother's Maiden Name *Kuttner*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *L. G. Wintermute M.D.*
9. Father's Occupation *Physician*
10. Father's Birthplace *Pohemora (Canada)*
- Name of Medical Attendant, or other Person who makes this Return. *L. G. Wintermute M.D.*
- Address *12 S. Eden st*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 50160

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 11/27 88*
4. Place of Birth, (Street and Number) *170 E. Howard St*
5. Full Name of Mother, *Adie J. Smith*
6. Mother's Maiden Name, *Adie J. Taylor*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Wm. E. Smith*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Thelaps Cooty, MD*
- Address, *146 N. ...*
- Remarks,

# RETURN OF A BIRTH

50161

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

139 N. Bond St

5. Full Name of Mother,

Sallie C. Mary Leonard

6. Mother's Maiden Name,

"Mary C. Cook"

7. Mother's Birthplace,

St. Mary's Co. Md.

8. Full Name of Father,

John Leonard

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ireland P. G. Dausch

Name of Medical Attendant, or other Person who makes this Return

Address,

3 N. Broadway

Remarks,



"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act for at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth Male*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

*Colored*

3. Date of Birth

*Sept. 11th. 1881*

4. Place of Birth (Street and Number)

*No 11 Clarkson alley*

5. Full Name of Mother

*Caroline Coleman*

6. Mother's Maiden Name

*Caroline Wheeler*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*George Coleman*

9. Father's Occupation

*Labourer*

10. Father's Birthplace

*Virginia*

Name of Medical Attendant, or other Person who makes this return

*Caroline Moore*

Address

*No 2 Veldner St*

Remarks



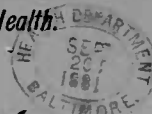
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50163

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children*
1. Sex (state whether Male or Female) *Female child*
2. Race or Color (if not of the white race) *Colored child*
3. Date of Birth *September 17<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 99 Chinney St*
5. Full Name of Mother *Mrs Edward Emma*
6. Mother's Maiden Name *Emma Payne*
7. Mother's Birthplace *Lanaster Co Va*
8. Full Name of Father *Peter Edward*
9. Father's Occupation *Coal Business*
10. Father's Birthplace *Lanaster Co Va*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Devoll*
- Address *No 9 Jasper St*
- Remarks *Baltimore Md*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

**Extract Regulations of the Board of Health in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

501611

*To the Office of Registrar of Vital Statistics, Board of Health*  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
  2. Race or Color (if not of the white race) White
  3. Date of Birth Sept 11 1891
  4. Place of Birth (Street and Number) 1111 N. E. St.
  5. Full Name of Mother Lillian C. Jones
  6. Mother's Maiden Name Smith
  7. Mother's Birthplace Washington D.C.
  8. Full Name of Father George Washington Jones
  9. Father's Occupation First Class Engineer
  10. Father's Birthplace Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Jones
- Address 1111 N. E. St.
- Remarks

Extract from the correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50165

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 17 1881*

4. Place of Birth, (Street and Number) *116 E. Castle St Baltimore*

5. Full Name of Mother, *Harriett Bent Gossnell*

6. Mother's Maiden Name, *A. Bent*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Gossnell*

9. Father's Occupation, *House Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

*Mrs Mary E. Levine*

Address, *111 St. Washington St*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



Name: *Sarah Elizabeth Keller*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 11<sup>th</sup> 1881. Baltimore City*
4. Place of Birth, (Street and Number) *326 Canton Avenue*
5. Full Name of Mother, *Hagarah Morrow Keller*
6. Mother's Maiden Name, *Sarah Morrow*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Keller*
9. Father's Occupation, *Harness Maker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *171 D Washington St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 11<sup>th</sup> 1888*

4. Place of Birth, (Street and Number) *579 N. Fremont St*

5. Full Name of Mother, *Mrs. Sebastian Halbig*

6. Mother's Maiden Name, *Margaret Heberich*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Sebastian Halbig*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Dr. Rickett, M.D.*

Address *120 Penn. St.*

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50768

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 11<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 117 S. Dallas St.
5. Full Name of Mother, Barbara Kaiser
6. Mother's Maiden Name, " Doer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kaiser
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mr Elizabeth Betz
- Address 1120 Bank St.
- Remarks,

**Extract Regulations of the Board of Health to be used by the Registrar of Vital Statistics in the City of Baltimore.**

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 11 1891*
4. Place of Birth (Street and Number) *40 125 S. Dallas St.*
5. Full Name of Mother *Elizabet Caldwell*
6. Mother's Maiden Name *Berryman*
7. Mother's Birthplace *City*
8. Full Name of Father *James Caldwell*
9. Father's Occupation *Copper*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth J. T.*
- Address *120 Bank St.*
- Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50170

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



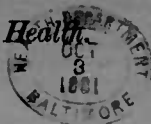
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 11th 1891*
4. Place of Birth (Street and Number) *205 Enzor St*
5. Full Name of Mother *Ida May Steinberg*
6. Mother's Maiden Name *Allen*
7. Mother's Birthplace *City*
8. Full Name of Father *August Steinberg*
9. Father's Occupation *Printer*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other person who makes this Return. *E. B. Tenby*
- Address *319 N. Central Ave.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 50171

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 11<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 34 S. Schroeder St
5. Full Name of Mother Sola Parker Thomas
6. Mother's Maiden Name Mitchell
7. Mother's Birthplace Balto. City, Md.
8. Full Name of Father Louis Thomas
9. Father's Occupation Carpenter
10. Father's Birthplace Balto. Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. H. Christian M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) .....  
3. Date of Birth, *Sept 11 - 1881*  
4. Place of Birth, (Street and Number) *149 E Pratt St*  
5. Full Name of Mother, *Annie Sohn*  
6. Mother's Maiden Name, *Zink*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Jacob Sohn*  
9. Father's Occupation, *Store Keeper*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Mary Stein*  
Address, *151 E Pratt St*  
Remarks, .....

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 11th, 1880.

4. Place of Birth (Street and Number)

33 E. Biddle St.

5. Full Name of Mother

Sarah C. Ciss

6. Mother's Maiden Name

Franklin

7. Mother's Birthplace

Balt., C. Md

8. Full Name of Father

Wm. Ciss

9. Father's Occupation

Tinner

10. Father's Birthplace

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingsley

Address

256 E. John St.

Remarks

**Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50174

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~If not of the white race~~)

3. Date of Birth 12 September 1891.

4. Place of Birth (Street and Number) 71 N. Wolfe St.

5. Full Name of Mother Ann Mary Sanders

6. Mother's Maiden Name " " Michel

7. Mother's Birthplace Usa.

8. Full Name of Father John Wm Sanders

9. Father's Occupation Clerk

10. Father's Birthplace Usa.

Name of Medical Attendant, or other Person who makes this Return.

B. F. Leonard M.D.

Address

314 E. Baltimore St.

Remarks

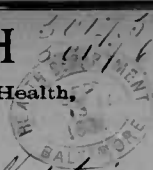
High Forceps operation was done because of large head of child.

Extract Regulations of the City of Baltimore.  
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3-(2<sup>d</sup> Pregnancy - Had twins)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 12-1881*

4. Place of Birth, (Street and Number) *N. W. Lombard's St., Maternity*

5. Full Name of Mother, *Annie Rose*

6. Mother's Maiden Name, *Wulverton*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *William*

9. Father's Occupation, *L. S. Pittman M.D.*

10. Father's Birthplace, *His Physician*

Name of Medical Attendant, or other Person who makes this return *L. S. Pittman M.D.*

Address, *20 S. St.*

Remarks, *Later married - L. O. S. Aut. 15th*

*fin*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Child*
1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *September 12<sup>th</sup> 1881*
  4. Place of Birth (Street and Number) *N<sup>o</sup>. 40 Quebec ally Baltimore Md.*
  5. Full Name of Mother *Lena Hamble*
  6. Mother's Maiden Name *Lena Susan*
  7. Mother's Birthplace *Germany*
  8. Full Name of Father *~~German~~ Henry Hamble*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jesse Macer*
- Address *N<sup>o</sup>. 136 N<sup>o</sup>. Henry St Baltimore Md.*
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health  
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50178

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 of September

4. Place of Birth, (Street and Number)

No 73 Heanbuge

5. Full Name of Mother,

Carrie Sinnesman

6. Mother's Maiden Name,

Carrie Millerburger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Sinnesman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Joseph Schickel

Address,

125 West St

Remarks,



*Extract Regulations of the Board of Health in the City of Baltimore.*

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 12th 1881*

4. Place of Birth, (Street and Number) *279 Calver St.*

5. Full Name of Mother, *Maggie Tiddinger*

6. Mother's Maiden Name, *Maggie Brille*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Widdinger*

9. Father's Occupation, *Cathedral Organist*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. H. H. H.*

Address, *No 17 Calver St.*

Remarks, *4th*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12th 1881

4. Place of Birth, (Street and Number) 178 Reister St.

5. Full Name of Mother, Annie Reister

6. Mother's Maiden Name, Annie Stenger

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Reister

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return M. M. Anand

Address, No. 131 N. York St.

Remarks, D

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

J. L.  
White  
Sept 12/81  
346 Hollins  
Julia Dunn  
" Flagan  
Duland  
Edward Dunn  
Stenipher  
Baker, glass  
A. L. Spearman  
307 W. Lombard St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50189

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th of September 1881*

4. Place of Birth, (Street and Number) *Cor. Chester and Fairmount St.*

5. Full Name of Mother, *Louise Krau*

6. Mother's Maiden Name, *Louise Roberson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lies Roberson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *West Minister Hert county*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Funkel*

Address, *11 North Chapel street for Justina Funkel*

Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30183

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th of September 1881.*

4. Place of Birth, (Street and Number) *221 North May Street.*

5. Full Name of Mother, *Agnes Kunkel.*

6. Mother's Maiden Name, *Agnes Heilmann.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *William Heilmann.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, *Crescentia Kunkel*  
or other Person who makes this Return

Address, *21 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

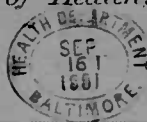
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

501811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first (1)

1. Sex, (state whether male or female)

white female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 12, 1881

4. Place of Birth, (Street and Number)

199 Burgunder Alley

5. Full Name of Mother,

Anna Dennege

6. Mother's Maiden Name,

Anna Bonhardt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Dennege

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schiffer

Address,

20 Columbia St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12 September*
4. Place of Birth, (Street and Number) *Canter Sr 482*
5. Full Name of Mother, *Margreth Deitzer*
6. Mother's Maiden Name, *Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Deitzer*
9. Father's Occupation, *Store keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who made this Return *Mrs Wiley*
- Address, *No 12 Patterson Park No*
- Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50186

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *on the 12th September.*
4. Place of Birth, (Street and Number) *No. 558 Carlton St.*
5. Full Name of Mother, *Lizzie M. Glaspy.*
6. Mother's Maiden Name, *Lizzie M. Fitch.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Charles E. Glaspy.*
9. Father's Occupation, *Labour.*
10. Father's Birthplace, *Baltimore City.*
- Name of Medical Attendant, *Mrs. Willey*  
or other person who makes this return
- Address, *No 13 Patterson Park*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50187

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)...

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 Sept

1891

4. Place of Birth, (Street and Number)

No 2-59 Lee St

5. Full Name of Mother,

Elizabeth Kraft

6. Mother's Maiden Name,

Elizabeth Hamm

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Kraft

9. Father's Occupation,

Booker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Duggan

Address,

Rus St No 76

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50188

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 12 81

4. Place of Birth, (Street and Number)

No 402 Hanover St

5. Full Name of Mother,

Ellen Swinney

6. Mother's Maiden Name,

Cristel

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Swinney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. Schwassler midwife

Address,

330 Hanover St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.)

Fourth  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 13 - 81

4. Place of Birth, (Street and Number)

No 33 Jackson St

5. Full Name of Mother,

Annie Mary Tyler

6. Mother's Maiden Name,

" " Lenneman

7. Mother's Birthplace,

Balto "

8. Full Name of Father,

George H. R. Tyler

9. Father's Occupation,

Coin maker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Mary L. Howard

Address, 251 N. Trench St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50190

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1-  
Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

SEPT 2 1881

3. Date of Birth

93 St. High St.

4. Place of Birth (Street and Number)

Pauline Schlessberg

5. Full Name of Mother

Pauline Schless

6. Mother's Maiden Name

Michigan

7. Mother's Birthplace

Louis Schlessberg

8. Full Name of Father

Baltimore City

9. Father's Occupation

Clothier

10. Father's Birthplace

AB Quodman

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 12. 1886*
4. Place of Birth (Street and Number) *1766 State St Baltimore*
5. Full Name of Mother *Marrie Schmoll*
6. Mother's Maiden Name *Carrie Nielsen*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frederick Schmoll*
9. Father's Occupation *Music Teacher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs S. Kelley*
- Address. *242 Pratt St Baltimore*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of Sept 1881*
4. Place of Birth, (Street and Number) *58 Washington St Baltimore*
5. Full Name of Mother, *Leroy Meatery Davis*
6. Mother's Maiden Name, *Leroy Meatery*
7. Mother's Birthplace, *America*
8. Full Name of Father, *John W. Davis*
9. Father's Occupation, *Policeman*
10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs Mary E. Fanning*  
*171 South Washington Street*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50193

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Sept 12<sup>th</sup> 1881  
 4. Place of Birth, (Street and Number) Harford Ave. no number  
 5. Full Name of Mother Mary Connolly  
 6. Mother's Maiden Name Mary Joseph  
 7. Mother's Birthplace Balto  
 8. Full Name of Father James Connolly  
 9. Father's Occupation Stone cutter  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. John J. Connolly  
 Address 182 E. Monument St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50194

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col.
3. Date of Birth Sept. 12. 1881
4. Place of Birth (Street and Number) 57 Tyson St
5. Full Name of Mother Mary Hooper
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Saml Hooper
9. Father's Occupation Wright
10. Father's Birthplace New Orleans
- Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson M.D.
- Address 223 Madison St
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50195

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth, 12. September  
 4. Place of Birth, (Street and Number) 102. Thengertown st  
 5. Full Name of Mother, Tracie Lee  
 6. Mother's Maiden Name, Larmer  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Franklin Lee  
 9. Father's Occupation, Stevedor  
 10. Father's Birthplace, Ireland  
 Name of Medical Attendant, or other Person who makes this Return Angelina N. Lee  
 Address, 194 Harrison st.  
 Remarks,

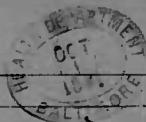
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 12-1881
4. Place of Birth, (Street and Number) 150 Hanover St.
5. Full Name of Mother Mary H. Woolford
6. Mother's Maiden Name Lambdin
7. Mother's Birthplace Maryland
8. Full Name of Father Wm. W. Woolford
9. Father's Occupation Comm. Merchant
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover & Barrister
- Remarks



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12/1887

4. Place of Birth, (Street and Number) 1228 N. Ducharme St.

5. Full Name of Mother, Mary Epflinger

6. Mother's Maiden Name, Braun

7. Mother's Birthplace, Germany

8. Full Name of Father, John Epflinger

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louis C. Neff

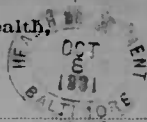
Address # 236 Canton St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 12 1891*
4. Place of Birth, (Street and Number) *27 Forest Place*
5. Full Name of Mother, *Mary A. M. Cullough*
6. Mother's Maiden Name, *Mary A. Canoles*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *George M. Cullough*
9. Father's Occupation, *Stone-Mason*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Julius W. Hunter M.D.*
- Address, *36 Greenmount Ave*
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 12th 1881
4. Place of Birth, (Street and Number) 432 N Canal St
5. Full Name of Mother Lavinia A. Stockman
6. Mother's Maiden Name Appoll
7. Mother's Birthplace Baltimore
8. Full Name of Father George W. Stockman
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. W. Alden
- Address 474 N Gay St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50200

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
  1. Sex (state whether Ma'e or Female) Female
  2. Race or Color (if not of the white race) White
  3. Date of Birth Sept-12
  4. Place of Birth (Street and Number) Wilcox St
  5. Full Name of Mother Margaret Kellum
  6. Mother's Maiden Name Margaret Mallen
  7. Mother's Birthplace Ireland
  8. Full Name of Father John Kellum
  9. Father's Occupation Ice dealer
  10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. E. Smith
- Address 214 Augusta St
- Remarks

That any Physician, acconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 13-1881

4. Place of Birth, (Street and Number)

551 N. Gay St.

5. Full Name of Mother,

Anna H. Bahlke.

6. Mother's Maiden Name,

Anna H. Leonhardt.

7. Mother's Birthplace,

Baltimore, Co.

8. Full Name of Father,

Mrs. Bahlke.

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Berlin Prussia.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child - Healthy.

John Powell M.D.  
227 Lexington Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept 13 1881*  
 4. Place of Birth (Street and Number) *Patterson Ave No 87*  
 5. Full Name of Mother *Mary E. Roberts Strohm*  
 6. Mother's Maiden Name *Mary E. Roberts*  
 7. Mother's Birthplace *Calvert County Md*  
 8. Full Name of Father *Thomas F. Strohm*  
 9. Father's Occupation *Sales Clerk*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *L. G. Spanow M.D.*  
 Address *W. Stricker St No 427*  
 Remarks *Child in healthy condition*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50203

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 13<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

141 W. Lombard St. (Maternity)

5. Full Name of Mother,

Maggie Cosgrove

6. Mother's Maiden Name,

"  
Baltimore, Md.

7. Mother's Birthplace,

8. Full Name of Father,

Quadrant

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. S. Pettig, M. D.

Address,

141 W. Lombard St.

Remarks,

Legitimate - L. O. P. Ant. Normal

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



5th  
Male  
Colored  
September 13th 1881  
1113 Hicks Alley  
Charlotte Pack  
" "  
Anna, Maedel Co.  
No Account  
" "  
" No. 15 S. Hancock Alley

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50205

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child  
Male  
White



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 18<sup>th</sup>

4. Place of Birth, (Street and Number)

James st 68

5. Full Name of Mother,

Louisa Dorothea Zimmerman

6. Mother's Maiden Name,

Louisa Dorothea Tranter

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John Henry Zimmerman

9. Father's Occupation,

Sigarm Dealer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes the Return

Mrs. E. M. E. E.

Address,

460 E. Baltimore St. E. E.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51216

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th September
4. Place of Birth, (Street and Number) 3 Park St
5. Full Name of Mother, Caroline Eaton
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Eaton
9. Father's Occupation, or. Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this Return Mrs. H. C. H. C.
- Address, 12 Patterson Park E
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50207

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 13<sup>th</sup> 1891.

4. Place of Birth (Street and Number)

E. Baltimore

5. Full Name of Mother

Margaret Murphy

6. Mother's Maiden Name

Margaret Boyer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Murphy

9. Father's Occupation

Painter Supply Store

10. Father's Birthplace

182<sup>nd</sup> Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John D. Leonard M.D.

Address

S.W. Calvert & Read Sts.

Remarks

# RETURN OF A BIRTH

50205

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) .

White

3. Date of Birth,

Sept 13 1881

4. Place of Birth, (Street and Number)

13 Ruy St

5. Full Name of Mother,

Margaret Fessenden

6. Mother's Maiden Name,

Margaret Annomizer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Fessenden

9. Father's Occupation,

Porter

10. Father's Birthplace,

Hannover

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address,

146 N. Avenue

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Sept. 13<sup>th</sup>

70. Eastern Ave

Mary E. Murphy

Norfolk, Va

Charles E. Murphy

Laborer

Norfolk, Va

Geo. W. Barstman, M.D.

S. E. Cor. of Broadway & Fairmount

"That any physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51210

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 13th 87*
4. Place of Birth, (Street and Number) *#186 Sharp St.*
5. Full Name of Mother, *Elizabeth Knight Brimmer*
6. Mother's Maiden Name, *Knight*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Brimmer*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Hook*
- Address, *#228 S. Eutam St.*
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Female child*
2. Race or Color (if not of the white race) *Colored child*
3. Date of Birth *Sept. 13*
4. Place of Birth (Street and Number) *Union St. No 1.*
5. Full Name of Mother *Alverna Cummings*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Edred Coleman*
9. Father's Occupation *Driver of Grocery Wagon*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Corush*
- Address *No. 13 Jordan Alley*
- Remarks *Infant very weak*

For new receipt of vital statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *First*
1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *SEP 13 - 91*
4. Place of Birth, (Street and Number) ..... *to 387 E. Madison St*
5. Full Name of Mother, ..... *Julia E. Medinger*
6. Mother's Maiden Name, ..... *" " Managold*
7. Mother's Birthplace, ..... *Germany*
8. Full Name of Father, ..... *Harry Willis Medinger*
9. Father's Occupation, ..... *Cannemaker*
10. Father's Birthplace, ..... *Balto*
- Name of Medical Attendant, or other Person who makes this Return ..... *Harry A. Allen*
- Address, ..... *286 N. Long Ave*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31919

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1
1. Sex, (state whether male or female).....female
2. Race or Color, (if not of the white race).....white
3. Date of Birth,.....September 13<sup>th</sup>
4. Place of Birth, (Street and Number).....470. N. Gay Street
5. Full Name of Mother,.....Florence Hatt Altshuler
6. Mother's Maiden Name,.....Hart
7. Mother's Birthplace,.....Baltimore
8. Full Name of Father,.....William B. Altshuler
9. Father's Occupation,.....Produce Dealer
10. Father's Birthplace,.....Pittsford
- Name of Medical Attendant, or other Person who makes this Return,.....L. J. von Wagen Wilke M.D.
- Address,.....470 N. Gay St.
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50214

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of September
4. Place of Birth, (Street and Number) 192 Forrest
5. Full Name of Mother, Maggie Young
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

M. E. Harley.  
45 N. Central Avenue  
Normal Vertebra L. C. R. A

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51215

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 12 September
4. Place of Birth, (Street and Number) 35 W Lombard
5. Full Name of Mother, Marie Lyons
6. Mother's Maiden Name, Selwan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Lyons
9. Father's Occupation, Crochery Reper
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs Sara Capps
- Address, 72 E Lombard
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 13 1881

4. Place of Birth (Street and Number) 32 Stricker St Baltimore

5. Full Name of Mother Maggie Raymond

6. Mother's Maiden Name Maggie Huber

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Alexander Raymond

9. Father's Occupation Machine St

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs S Keller

Address 222 Pratt St Baltimore

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50217

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 13<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 21 Burke St
5. Full Name of Mother, Anna Galley
6. Mother's Maiden Name, " Scifort
7. Mother's Birthplace, City
8. Full Name of Father, August Galley
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bets
- Address 120 Bannock St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Sept. 13th 1881*
- Place of Birth, (Street and Number) *3032 Locust St. Balt.*
- Full Name of Mother, *Carolina Louise Stephenson*
- Mother's Maiden Name, *Doetter*
- Mother's Birthplace, *Edenburgh, Carroll County Md.*
- Full Name of Father, *John Henry Stephenson*
- Father's Occupation, *Engineer U.S.C. & P. & O.*
- Father's Birthplace, *Madison Md.*
- Name of Medical Attendant, *Dr. Charles H. Druecker Md.*  
or other Person who makes this Return.
- Address, *206 N. Lombard St.*
- Remarks, *Baltimore Md.*



That any Physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

51219

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 12 1881
4. Place of Birth, (Street and Number) W. 404 Oliver St
5. Full Name of Mother Martine J. Harkins
6. Mother's Maiden Name White
7. Mother's Birthplace Texas Co. Md
8. Full Name of Father Wm. Harkins
9. Father's Occupation Clerk
10. Father's Birthplace Charles Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. McQueen M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51291

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *13<sup>th</sup> September*  
4. Place of Birth, (Street and Number) *63 E. Pratt Street corner*  
5. Full Name of Mother, *Mary E. Jones*  
6. Mother's Maiden Name, *Hoaly E. Northway*  
7. Mother's Birthplace, *Baltimore city*  
8. Full Name of Father, *William E. Jones*  
9. Father's Occupation, *none.*  
10. Father's Birthplace, *Baltimore city*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Sullard*  
Address, *104 curly Street corner*  
Remarks,

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 13/11*
4. Place of Birth (Street and Number) *373 Orleans St.*
5. Full Name of Mother *Margareth Halpheny*
6. Mother's Maiden Name *Kelly*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Robert Halpheny*
9. Father's Occupation *Labour*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *James Williams M.D.*
- Address *17 Patuxent St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50229

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Female  
White

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Sept 13th  
5. W Chase St.  
Mary Alice Phillips  
" " Boonhew  
" " Virginia  
Barcus Phillips  
Seller Carrier  
Mass.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm Whidby

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) ..... 5
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct 12 1891
4. Place of Birth, (Street and Number) ..... 1401 E. 1st St
5. Full Name of Mother, ..... Mary Ann Brown
6. Mother's Maiden Name, ..... Jones
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... John Brown
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return, ..... Dr. J. H. Smith
- Address, ..... 1401 E. 1st St
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

519911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)...

~~Male~~ Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 13. 1881.

4. Place of Birth, (Street and Number)

55 W. Exeter St.

5. Full Name of Mother,

Johanna Trebert.

6. Mother's Maiden Name,

Statfort.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Aug. Trebert.

9. Father's Occupation,

Decorative Artist.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

A. F. Erich, M.D.

Address,

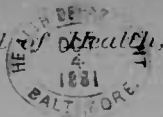
94 S. Broadway.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)..

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13th Sept. 1881

4. Place of Birth, (Street and Number)

26 Fair Mount Ave.

5. Full Name of Mother,

Francis Virginia Shaffer  
Boston

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

Charles Cook Shaffer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

E. P. Burns M.D.

Address,

27 E. Balto. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Register St.
5. Full Name of Mother, Mary Boddy.
6. Mother's Maiden Name, Mary Luke.
7. Mother's Birthplace, America.
8. Full Name of Father, John Boddy.
9. Father's Occupation, Ship Carpenter.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return M. J. May, M.D.

Address, 127 South Myrtle St

Remarks, All



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
1. Sex, (state whether male or female) *Male, and female Twins*
2. Race or Color, (if not of the white race) *Jewish*
3. Date of Birth, *14 of September*
4. Place of Birth, (Street and Number) *68 Eden St*
5. Full Name of Mother, *Rosa Schake*
6. Mother's Maiden Name, *Truly*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ralph Schake*
9. Father's Occupation, *plumber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return.
- Address, *Mrs Rosa Truly*
- Remarks, *68 Hollands St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

September 14

4. Place of Birth (Street and Number)

243. N. Durham St.

5. Full Name of Mother

Sarah Denby

6. Mother's Maiden Name

Sarah Beight

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Denby

9. Father's Occupation

Paper Sinter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Francis Anderson

Address

8 Castle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) color
3. Date of Birth Sep September 14
4. Place of Birth (Street and Number) Baltimore. Welcom St 66
5. Full Name of Mother Lawrence Grant
6. Mother's Maiden Name Lawrence Press
7. Mother's Birthplace Eastern Shore MD
8. Full Name of Father John Grant
9. Father's Occupation Fireman on the steam boat
10. Father's Birthplace Providence, Rhode Island
- Name of Medical Attendant, or other Person who makes this return Catherine Jones
- Address No 1 Spring Garden Ave
- Remarks X

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50231

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *14 of September*
4. Place of Birth, (Street and Number) *56 Charles street*
5. Full Name of Mother, *Agnes Davis*
6. Mother's Maiden Name, *Agnes Case*
7. Mother's Birthplace, *Good Hope, Iowa*
8. Full Name of Father, *George Louis Louise*
9. Father's Occupation, *lawn mow*
10. Father's Birthplace, *Eston, Iowa*
- Name of Medical Attendant, or other Person who makes this Return. *Mallery* *Gross*
- Address, *181 York street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *September 14<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *No 281. N. Howard St.*
5. Full Name of Mother, *Maggie Spies.*
6. Mother's Maiden Name, *"Joekel."*
7. Mother's Birthplace, *Corfeson, Germany.*
8. Full Name of Father, *Andrew Spies.*
9. Father's Occupation, *Salsman.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return *Arne Lindner.*
- Address, *No 45. S. Monroe St.*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50233

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

September 14<sup>th</sup> 1881.  
452 W. Fayette St.  
Nancho Guggenheimer.  
Nancho Guggenheimer.  
Bavaria - Germany.  
Jacob Guggenheimer.  
Saltzman.  
Bavaria - Germany.  
John L. G. Guggenheimer.  
273 W. Lexington St.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

512311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 14 - 81

4. Place of Birth, (Street and Number)

131 N Wolfe St

5. Full Name of Mother,

Margaret Armstrong

6. Mother's Maiden Name,

McVey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Armstrong

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Russell

Address, 286 N. Donagh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50235

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 14 - 81

4. Place of Birth, (Street and Number)

No 574 Gay St

5. Full Name of Mother,

Memo. Rain

6. Mother's Maiden Name,

Memo. Rath

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert Rain

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. D. Mewell

Address, 286 McHenry St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

51236



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seep on Birth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14th September*
4. Place of Birth (Street and Number) *Baltimore City No 63 Cross St*
5. Full Name of Mother *Anna Nevafter*
6. Mother's Maiden Name *Anna Gensel*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John W. Nevafter*
9. Father's Occupation *Cann Maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Sella Connors*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50937



To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth September 14 1911
4. Place of Birth (Street and Number) No 4 Mason Alley
5. Full Name of Mother Virginia Cole
6. Mother's Maiden Name " Harris
7. Mother's Birthplace Virginia
8. Full Name of Father Peter Cole
9. Father's Occupation Store Keeper
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Chas. Marshall, M. D.
- Address 32 Market St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50238

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: Ellen Olivia Menke

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 14 1881

4. Place of Birth (Street and Number) 368 McHenry St Baltimore

5. Full Name of Mother Elizabeth (Menke) Menke

6. Mother's Maiden Name Elizabeth (Menke)

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John P. (Menke) Menke

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs S Heller

Address 742 Pratt St Baltimore

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50239

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex, (state whether male or female) 2  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, Sept 14/8  
 4. Place of Birth, (Street and Number) 5- Cumberland St  
 5. Full Name of Mother, Mrs. Fred Miers  
Elizabeth Bechtolz,  
Prussia  
 6. Mother's Maiden Name,  
 7. Mother's Birthplace, Prussia  
 8. Full Name of Father, Fred. Miers  
Hostler  
 9. Father's Occupation, Prussia  
 10. Father's Birthplace, Whitart, Prussia  
 Name of Medical Attendant, or other Person who makes this return  
 Address, 520 Anna St  
 Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *14 September 1901*
4. Place of Birth (Street and Number) *Lansdowne 362*
5. Full Name of Mother *Kate Groppel*
6. Mother's Maiden Name *Kate Schaufelberger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter R. Groppel*
9. Father's Occupation *Travelling agent*
10. Father's Birthplace *Prilefeld, Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Greenbaum*
- Address *224 W. Fayette Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3<sup>d</sup>

Female  
White

Sept 14 1887  
No. 108 Battery Av  
Alice Miller  
Alice Vansant  
City  
John Miller  
Moulder  
German  
H. B.ottle, M.D.  
50 Warren St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

502.112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Third.*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *White.*
3. Date of Birth,... *Sept 14, 1891.*
4. Place of Birth, (Street and Number)... *77 N. Wolfe St.*
5. Full Name of Mother, *Barbara Stein*
6. Mother's Maiden Name, *Barbara Bong*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Jno. Philip Stein*
9. Father's Occupation, *Wheelwright*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *L. A. Enich, M.D.*
- Address, *94 S Broadway.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50243

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14 1978-81

4. Place of Birth, (Street and Number) 220 Columbia St

5. Full Name of Mother, Delilah L. Young

6. Mother's Maiden Name, Delia V. Young

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Walcott

9. Father's Occupation, Paul

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. J. H. [illegible]  
or other Person who  
makes this Return

Address, 171 W. [illegible]

Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

509411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>3</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14 1881
4. Place of Birth, (Street and Number) #132 S. Chappel St
5. Full Name of Mother, Mary Bitten
6. Mother's Maiden Name, Grop
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bitten
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs. Swiss & Kraft  
or other Person who makes this Return
- Address, #236 Canton Ave
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 14<sup>th</sup> Sept. 1881  
4. Place of Birth, (Street and Number) 196 McCulloh St.  
5. Full Name of Mother, Minnie S. Richardson  
6. Mother's Maiden Name, Smith  
7. Mother's Birthplace, B.C.  
8. Full Name of Father, John A. Richardson  
9. Father's Occupation, Clerk  
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. W. Oving  
48 McCulloh St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
12/1 Sept  
236 Locust  
Elizabeth Smith  
n Goldhouse  
City  
Geo Smith  
Machinist  
City  
108 Locust St  
15 N. Hancock St

"That any physician, seconder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 14th 1881. No. 75, Ann St.*
4. Place of Birth, (Street and Number) *L. Shoe*
5. Full Name of Mother, *Lo. Wolf*
6. Mother's Maiden Name, *Germany*
7. Mother's Birthplace, *No. 180*
8. Full Name of Father, *Shoemaker*
9. Father's Occupation, *Germany*
10. Father's Birthplace, *Mrs. M. A. Bath.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Bath.*
- Address, *No. 181 S.E. on Central av. & Monument St.*
- Remarks, *All well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50248

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *M*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Sep. 13. 1881*
4. Place of Birth (Street and Number) *Hoffman New Calumet St*
5. Full Name of Mother *Helia Bort*
6. Mother's Maiden Name *Stewart*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *J. W. Bort*
9. Father's Occupation *Publick Md. Med. Journal*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Richard McSherry M.D.*
- Address *By A. Howard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50249

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth September 15th 1881
4. Place of Birth (Street and Number) 370 S Eutaw St.
5. Full Name of Mother Mary Ann Heiney
6. Mother's Maiden Name Mary Ann Owens
7. Mother's Birthplace B. C.
8. Full Name of Father George Heiney
9. Father's Occupation Glass Blower
10. Father's Birthplace Baden Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Harvey Hill M.D.
- Address 19 Edmondson Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50950

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 15<sup>th</sup>
4. Place of Birth (Street and Number) 164 W. Calhoun st
5. Full Name of Mother Anna Sim Weatherly
6. Mother's Maiden Name "Phia" "Anna"
7. Mother's Birthplace Jeremiah S. Weatherly
8. Full Name of Father Merchant
9. Father's Occupation W. Jersey J. Harvey Hill M.D.
10. Father's Birthplace 117 Broadman Ave.
- Name of Medical Attendant, or other Person who make this Return.
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50251

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 930 Washington St
5. Full Name of Mother Annanda L Mathanley
6. Mother's Maiden Name " " Melvin
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm F Mathanley
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. D W Catharine Md
- Address 213 Broadway
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex, (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 15<sup>th</sup> 87.

4. Place of Birth, (Street and Number)

Alma. 4<sup>th</sup> South of Pat. av.

5. Full Name of Mother,

Lark Horner

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Calverton

8. Full Name of Father,

Robt. Horner

9. Father's Occupation,

Agent

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

G. H. Thomas M.D.

Address,

101 S. Street & Pine St.

Remarks,

That any physician, second-cour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

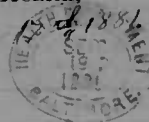
# RETURN OF A BIRTH

50253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

September 15



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 10<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 15<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 173 Maderia Alley

5. Full Name of Mother, Luisa Gommerejin

6. Mother's Maiden Name, Louise Friedel

7. Mother's Birthplace, Germany

8. Full Name of Father, Gaspar Gommerejin

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No 137 Hoff St.

Remarks,

Mrs Mary J. J. J.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50251

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

~~Female~~ Male  
White.  
September 15<sup>th</sup> 1881  
No. 8 Stenograph Alley  
Annie Kelly  
Annie Moran  
Ireland  
Michael Kelly  
Laborer  
Ireland  
Mrs. Eliza Pennington  
95 Albemarle St  
(City)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50255

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 15 - 1881*

4. Place of Birth, (Street and Number) *64 Mulberry St.*

5. Full Name of Mother, *Elizabeth Byrne*

6. Mother's Maiden Name, *Brown,*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Patrick Byrne.*

9. Father's Occupation, *Shoemaker.*

10. Father's Birthplace, *Ireland.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Morgan.*

Address, *119 N Monument St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50256

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

4th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, .....

Sept. 15th

4. Place of Birth, (Street and Number) .....

313 Franklin St.

5. Full Name of Mother, .....

Jessie Eliza Brown

6. Mother's Maiden Name, .....

Jessie Eliza Schewing

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

Wm. G. Brown

9. Father's Occupation, .....

Bricklayer

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other person who makes this Return. .....

Dr. J. J. Smith

Address, .....

No. 2 Cathedral St.

Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15, 1881.

4. Place of Birth, (Street and Number) Hill St. 14 No.

5. Full Name of Mother, Louise Schmeier

6. Mother's Maiden Name, Louise Hain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philipp Schmeier

9. Father's Occupation, Barber

10. Father's Birthplace, Hamburg, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Küller

Address, 12 St. Louis St. 14 No.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57258

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 Sept.*
4. Place of Birth, (Street and Number) *226.1 Durham St.*
5. Full Name of Mother, *Maria Rybak*
6. Mother's Maiden Name, *Hanick*
7. Mother's Birthplace, *Lesko, Bohemia*
8. Full Name of Father, *Josef Rybak*
9. Father's Occupation, *Traveller*
10. Father's Birthplace, *Lesko, Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Josephine Hanick*
- Address, *226 Barnes St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 15
4. Place of Birth (Street and Number) 356 East Lombard St
5. Full Name of Mother Bettie Gamman
6. Mother's Maiden Name Bettie Scott
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father William A Gamman
9. Father's Occupation Blacksmith
10. Father's Birthplace Calapan
- Name of Medical Attendant, or other Person who makes this Return. Henry Perrier
- Address 59 mada St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 15 September
4. Place of Birth, (Street and Number) 4043 E. St. 158
5. Full Name of Mother, Mary Butler
6. Mother's Maiden Name, Mary Hughes
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Butler
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. J. M. L. ...
- Address, 201 ...
- Remarks, ...

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

50261

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

first

(state whether Male or Female)

Female

or Color (if not of the white race)

White

of Birth

September 15, 1881.

of Birth (Street and Number)

N<sup>o</sup> 4. Despers - road

Name of Mother

Margie Brogen

her's Maiden Name

Margie Word

her's Birthplace

Ireland

Name of Father

William Brogen

her's Occupation

Labor

her's Birthplace

Baltimore City

one of Medical Attendant, or other Person who makes this Return.

Mary Word

Address

City Hall Baltimore Md.

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

State whether Male or Female

Female

or Color (if not of the white race)

White

of Birth

September 15. 1881.

of Birth (Street and Number)

Madison street Rect. 83

Name of Mother

Mary Mc. Gill

er's Maiden Name

Mary Word

er's Birthplace

Chland

Name of Father

Charles Mc. Gill

er's Occupation

Laborer

er's Birthplace

Baltimore Md.

of Medical Attendant, or other Person who makes this Return.

Mary Word

ers

Giz Hall Baltimore Md.

arks

**RETURN OF A BIRTH,**  
To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

State whether 1st, 2d, 3d, &c.) 7  
Sex female  
Race white  
Age 4 yrs

HEALTH

To the Office of **BAL**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

For (state whether male or female) Female

Color, (if not of the white race) Sept 15th

and Number) 11

No. of Child of Mother, (state whether male or female)

1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Sept 1901  
4. Name of Mother John  
5. Name of Mother John

4. Place of Birth

5. Full Name of Mother

6. Mother's Maiden Name

7. Birthplace

6. Mother's Maiden Name \_\_\_\_\_  
7. Mother's Birthplace \_\_\_\_\_  
8. Full Name of Father \_\_\_\_\_  
9. Full Name of Mother \_\_\_\_\_  
10. Full Name of Spouse \_\_\_\_\_  
11. Full Name of Child \_\_\_\_\_  
12. Full Name of Child \_\_\_\_\_  
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8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace  
11. Mother's Birthplace  
12. Medical History

9. Father's Name \_\_\_\_\_  
10. Father's Occupation \_\_\_\_\_  
11. Father's Birthplace \_\_\_\_\_  
12. Name of Medical \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

Address

Remarks -

[illegible]

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50263

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth September 15th
4. Place of Birth, (Street and Number) 112 West ave
5. Full Name of Mother Amelie H. Hulst
6. Mother's Maiden Name Amelie Lushay
7. Mother's Birthplace Germany
8. Full Name of Father Ernest Hulst
9. Father's Occupation Lab. av
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Lizzie Berth Donaldson
- Address 452 West ave
- Remarks Mother and child in  
doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child.*  
 1. Sex (state whether Male or Female) *female.*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *15. of september*  
 4. Place of Birth (Street and Number) *129 hudson street*  
 5. Full Name of Mother *Mary regan.*  
 6. Mother's Maiden Name *Mary Regan.*  
 7. Mother's Birthplace *Baltimore.*  
 8. Full Name of Father *Thomas regan.*  
 9. Father's Occupation *Builder.*  
 10. Father's Birthplace *Baltimore.*  
 Name of Medical Attendant, or other Person who makes this return *Mary J. Swanger.*  
 Address *59 Myones. street.*  
 Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

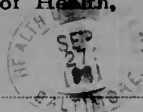


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Sept 15<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No 146 St Register St*
5. Full Name of Mother, *Barbara Witter*
6. Mother's Maiden Name, *" Weiman*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Thomas Witter*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Beck*
- Address *120 Bank St*
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 49 E. 1<sup>st</sup> St.
5. Full Name of Mother, Mary J. Stokes
6. Mother's Maiden Name, W. J. Zickler
7. Mother's Birthplace, City
8. Full Name of Father, John Stokes
9. Father's Occupation, Labourer
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who make this return Mrs. Elizabeth Selig
- Address, 120 Bank St.
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50267

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



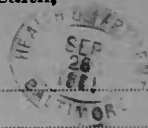
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth, *Sept 22 1891*
4. Place of Birth, (Street and Number)... *220 E. Pratt St*
5. Full Name of Mother, *Wm. J. German*
6. Mother's Maiden Name, *William*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *William J. German*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Smith*
- Address, *244 Front St.*
- Remarks,

"Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50268

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Sept
4. Place of Birth, (Street and Number) 42 West
5. Full Name of Mother, Josephine Karsick
6. Mother's Maiden Name, Kubas
7. Mother's Birthplace, Wilna, Bohemia
8. Full Name of Father, Franc Karsick
9. Father's Occupation, Laber
10. Father's Birthplace, Wilna, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Josephine Karsick
- Address, 712 Duane St.
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50269

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *15th September.*
4. Place of Birth, (Street and Number) *50. Linden Hall St.*
5. Full Name of Mother, *Charlotte Camper*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Camper*
9. Father's Occupation, *Drayman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Angelline Wilson*
- Address, *174. Thacker St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50270

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 1st
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 15, 1881
4. Place of Birth, (Street and Number) N. 138 E. 1st St.
5. Full Name of Mother Emma Sims
6. Mother's Maiden Name Emma J. Bryant
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Alfred Sims
9. Father's Occupation Carpenter
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. W. H. Hoffman M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50271

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 15
4. Place of Birth (Street and Number) 165 Madison St
5. Full Name of Mother Lilla Esmuel
6. Mother's Maiden Name Leitz Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Esmuel
9. Father's Occupation Professor Music
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address 2 E Lehigh
- Remarks 2125 1/2 W. 1st St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50272

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 15, 1881
4. Place of Birth, (Street and Number) 436 George St
5. Full Name of Mother Carrie Elizabeth Leake
6. Mother's Maiden Name Pearce
7. Mother's Birthplace Lucan, America Co. Mo.
8. Full Name of Father Wm. G. Leake
9. Father's Occupation Printer
10. Father's Birthplace Balta. City
- Name of Medical Attendant, or other Person who makes this Return. D. Christian M.D.
- Address 431 Remond St.
- Remarks \_\_\_\_\_



# RETURN OF A BIRTH

50273

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *15 September 1881*
4. Place of Birth, (Street and Number) *1021 Chesnut Alley*
5. Full Name of Mother, *Muriel Brown*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James Brown*
9. Father's Occupation, *wood worker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *William Jones*
- Address, *100 S Harris St Baltimore*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

502714

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2nd~~, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 15<sup>th</sup> Sept 1881

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

#21 W. Baeham St  
Evelyn Spotswood Causey  
" Douglas  
" Virginia  
Joseph C. Causey  
" Merchant  
" Virginia

Geo. L. [Signature]  
#1 Waverly Terrace

Parents, physician, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50275

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept 15 1881
4. Place of Birth, (Street and Number) 8x Maryland Ave
5. Full Name of Mother Geilia Bremer
6. Mother's Maiden Name Geilia Bremer
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrick Bremer
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm A. Greenough
- Address 845 Penna Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3rd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 15th, 1891*

4. Place of Birth, (Street and Number)

*92 S. Collington Ave.*

5. Full Name of Mother,

*Ida Amelia Brown*

6. Mother's Maiden Name,

*Ida Amelia Henry*

7. Mother's Birthplace,

*Baltimore Md.*

8. Full Name of Father,

*George Brown*

9. Father's Occupation,

*Croaker*

10. Father's Birthplace,

*Baltimore Md.*

Name of Medical Attendant, or other Person who makes the return

*Walter R. Gray M.D.*

Address,

*3 South Broadway*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 15<sup>th</sup>. 1881*

4. Place of Birth, (Street and Number) *No 7. Caroline St.*

5. Full Name of Mother, *Sarah Graham*

6. Mother's Maiden Name, *Sarah Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. A. Graham*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return* *Mr. R. A. Butt*

Address *No 185 E. Cox Central av. & Baltimore Monument St.*

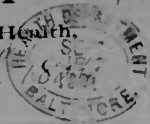
Remarks, *All well*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sept 17 1881



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *female.*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *Sept 16 1881.*
  - Place of Birth, (Street and Number) *172 Eastern Ave.*
  - Full Name of Mother, *Annie Brooks.*
  - Mother's Maiden Name, *Annie Hoffmann.*
  - Mother's Birthplace, *America.*
  - Full Name of Father, *William Brooks.*
  - Father's Occupation, *Laborer.*
  - Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address, *137 South Wolfe St.*

Remarks, *H*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30279

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *September 16<sup>d</sup> 1891*
4. Place of Birth, (Street and Number) *880, W. Pratt St*
5. Full Name of Mother, *Maggie A. Morrisett*
6. Mother's Maiden Name, *" Luntap*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Chas. A. Morrisett*
9. Father's Occupation, *Iron worker*
10. Father's Birthplace, *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Leiden*
- Address, *Monroe St*
- Remarks,

That any physician, accoucheur, midwife, or other person, in carrying on his business, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

self at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50280

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th of September 1881*
4. Place of Birth, (Street and Number) *351 East Elean Street*
5. Full Name of Mother, *Ann Dorsey*
6. Mother's Maiden Name, *Ann Lammiman*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Michael Lammiman*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Runkel*
- Address, *11 North Chapel Street, Baltimore*
- Remarks, *Healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50251

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*



1. Sex, (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *Septbr. 16, 1881*

4. Place of Birth, (Street and Number) *V. Front St. No. 119.*

5. Full Name of Mother, *Fana Walther*

6. Mother's Maiden Name, *Fana Thirmer*

7. Mother's Birthplace, *Heidenburg, N. B. Prussia, Europe*

8. Full Name of Father, *Wilhelm Walther*

9. Father's Occupation, *Landster*

10. Father's Birthplace, *Heidenstein N. W. Prussia, Germany*

Name of Medical Attendant, *or other Person who makes this return* *Harry E. Heller*

Address, *V. Front St. No. 119*

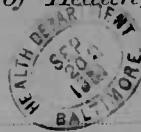
Remarks, \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

50252

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *September 14<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *71 Harper Alley*
5. Full Name of Mother, *Marie Collins*
6. Mother's Maiden Name, *Snowden*
7. Mother's Birthplace, *Northampton Mass. U.S.A.*
8. Full Name of Father, *Christopher Collins*
9. Father's Occupation, *Registered nurse*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Amelia Johnson*  
or other Person who makes this Return.

Address, *6 Hamilton St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

16th Sept. 1881.

4. Place of Birth (Street and Number)

762 Lexington St.

5. Full Name of Mother

Henrietta P. Anderson.

6. Mother's Maiden Name

Henrietta P. Kerriett.

7. Mother's Birthplace

Georgetown S. Carolina

8. Full Name of Father

James Anderson

9. Father's Occupation

Merchant.

10. Father's Birthplace

Georgetown S. Carolina

Name of Medical Attendant,

or other Person who  
makes this Return.

R. W. Little

Address

425 W. Fayette St.

Remarks



divise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

5112811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female)... *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Sept 16*
  4. Place of Birth, (Street and Number) *87 Johnson St*
  5. Full Name of Mother, *Mrs. Ellie*
  6. Mother's Maiden Name, *Ma. Lee*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *William Gillie*
  9. Father's Occupation, *Ironer*
  10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,...

Remarks,

*M. Nash*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50285-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16*
4. Place of Birth, (Street and Number) *307 2nd St*
5. Full Name of Mother, *Mary Blanchard*
6. Mother's Maiden Name, *Mary Tucker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James A. Blanchard*
9. Father's Occupation, *Rigger*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

*Mrs. Nash*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 September

4. Place of Birth, (Street and Number)

2 Watson

5. Full Name of Mother,

Marie Schuman

6. Mother's Maiden Name,

Has

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Oscar Schuman

9. Father's Occupation,

Wine Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Casper

Address,

72 E. Lombard

Remarks,

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 16<sup>th</sup> 1881

4. Place of Birth (Street and Number)

Whalcoat St No 16

5. Full Name of Mother

Mary Elizabeth Helwicks

6. Mother's Maiden Name

Mary Elizabeth Welch

7. Mother's Birthplace

York Co, Penn

8. Full Name of Father

Charles W. Helwicks

9. Father's Occupation

Car. Painter

10. Father's Birthplace

Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return.

L. E. Spanow M.D.

Address

1. Stricker St No 427

Remarks

Child healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Male

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 16<sup>th</sup> of September

4. Place of Birth, (Street and Number) No 3 Washington St

5. Full Name of Mother, Margaretha Ziel

6. Mother's Maiden Name, " Strohecka

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhard Strohecka

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs H. Gortzka

Address, No 55 S. Bond St

Remarks,



parent may pay, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50289

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... First child
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... September 16<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... Mount Carmel road
5. Full Name of Mother, ..... Susan E. Stewart
6. Mother's Maiden Name, ..... Susan E. Cooper
7. Mother's Birthplace, ..... Baltimore County
8. Full Name of Father, ..... George T. Stewart
9. Father's Occupation, ..... Teacher
10. Father's Birthplace, ..... New Jersey
- Name of Medical Attendant, or other Person who makes this Return ..... Chas. Wiley
- Address, ..... No. 13 Patterson Park Ave.
- Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50298

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of September
4. Place of Birth, (Street and Number) 55 Cambridge St.
5. Full Name of Mother, Mary Myers
6. Mother's Maiden Name, Williamson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georhart Myers
9. Father's Occupation, Saborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. Wiley
- Address, No 12 Patterson Park
- Remarks, do.

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female)  
2. Race or Color, (if not of the white race)  
3. Date of Birth,  
4. Place of Birth, (Street and Number)  
5. Full Name of Mother,  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
make this Return

Address.

Remarks.

3<sup>rd</sup>

Female -

White.

September 16<sup>th</sup>, 1881

5 E Balcar Rd.

Mrs. W. J. Bryaw -

Henrietta Mrs. Keldo

City.

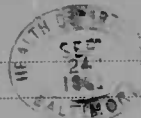
W. J. Bryaw -

R. R. Engineer

City

W. Ricketts

530 Penna Rd



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 16/81*

4. Place of Birth, (Street and Number) *28 Penna. St.*

5. Full Name of Mother, *Mrs. Michael Buttner*

6. Mother's Maiden Name, *Elizabeth Eisner*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Michael Buttner*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *H. Rickert, M.D.*

Address *520 Penna. St.*

Remarks.

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50293

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept. 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 110 40 Hilltop St
5. Full Name of Mother, Sophia Pistel
6. Mother's Maiden Name, " Butcher
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Pistel
9. Father's Occupation, Watchman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who make this Return Mrs. Elizabeth Bels-J
- Address, 120 Bank St
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 16 1894*
4. Place of Birth (Street and Number) *392 West St*
5. Full Name of Mother *Elizabeth Ramsey*
6. Mother's Maiden Name *Weaver*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Albert Ramsey*
9. Father's Occupation *Tobacco Dealer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *C. A. Lewis*
- Address
- Remarks *Balto*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 16<sup>th</sup> 1881

4. Place of Birth (Street and Number)

309 N. Howard St

5. Full Name of Mother

Ella Kline

6. Mother's Maiden Name

Ella Creagh

7. Mother's Birthplace

Balto Md.

8. Full Name of Father

Wm Kline

9. Father's Occupation

Newsman

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

C. A. Lewis

Address

162 Hancock St

Remarks

Balto

Part of the fee for this certificate, when received, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *September 18th*
4. Place of Birth, (Street and Number) *203, Lane St*
5. Full Name of Mother, *Martha Banks*
6. Mother's Maiden Name, *Martha Holland*
7. Mother's Birthplace, *St Mary county*
8. Full Name of Father, *Louis Banks*
9. Father's Occupation, *Waiter in dry goods business*
10. Father's Birthplace, *Northumberland county, Md*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Lydia Porter*
- Address, *no 4 1st St*
- Remarks, *healthy child*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 16<sup>th</sup> Sept. 1881
4. Place of Birth, (Street and Number) 237 Light
5. Full Name of Mother Ellen Thompson
6. Mother's Maiden Name Wolyn
7. Mother's Birthplace Ireland
8. Full Name of Father John Thompson
9. Father's Occupation Mariner
10. Father's Birthplace 13 Oct. Ind
- Name of Medical Attendant, or other Person who makes this Return. H W Welzling M.D.
- Address 57 Barret
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 28th 11 1891
4. Place of Birth, (Street and Number)..... 28th 11 36
5. Full Name of Mother,..... Margaretta
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,..... William J. ...
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return,..... Mrs. L. ...
- Address,.....
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female  
5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 28<sup>th</sup> Franklin St
4. Place of Birth, (Street and Number) Sept 16<sup>th</sup> 1881
5. Full Name of Mother Anne Trunkaus
6. Mother's Maiden Name Annie Leamer
7. Mother's Birthplace Balto
8. Full Name of Father Henry Trunkaus
9. Father's Occupation Painter
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Hillegeist
- Address 182 E. Monument St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50300

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 Sept-16<sup>th</sup> 1891

4. Place of Birth, (Street and Number) No 414 Gay St

5. Full Name of Mother Theresa Fese

6. Mother's Maiden Name Theresa Thaler

7. Mother's Birthplace Balto

8. Full Name of Father John Fese

9. Father's Occupation Cigar-maker

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return. Leon H. Davis

Address 82 E Monument St

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Friday Sept 16th 1881  
4. Place of Birth (Street and Number) 566 Disgust St.  
5. Full Name of Mother Kate Harley  
6. Mother's Maiden Name Kate Sweeting  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father Frank Harley  
9. Father's Occupation Laborer  
10. Father's Birthplace New York  
Name of Medical Attendant, or other Person who makes this Return. Wilhelm Brinnow, MD  
Address 25 1/2 Greenmount Ave  
Remarks Only Presentation

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50302

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male twins 2nd prompt still born

2. Race or Color, (if not of the white race)

Black

3. Date of Birth

Sept 17<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

254 Mc Donough

5. Full Name of Mother

Hannah Carter

6. Mother's Maiden Name

" Mathews

7. Mother's Birthplace

Virginia

8. Full Name of Father

Wm Carter

9. Father's Occupation

Builder

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

D W Cathers M.D

Address

12 N B. corner

Remarks

Twin males 2nd prompt still born.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50303

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. Sept 18 1881



- No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *Martina Robison*
1. Sex, (state whether male or female) *Give Birth to a Female Infant*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *On the 17 of September*
4. Place of Birth, (Street and Number) *Larues Alley No 45*
5. Full Name of Mother, *Martina Robison*
6. Mother's Maiden Name, *Martina Thomas*
7. Mother's Birthplace, *Essex County Virginia*
8. Full Name of Father, *Henry Robison Petersburg Virginia*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Petersburg Va*
- Name of Medical Attendant, *Dr. Savel*  
or other Person who make this Return.
- Address, *No 15. Larues Alley*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50304

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 17 - 81
4. Place of Birth, (Street and Number) 109 Fairmount St.
5. Full Name of Mother, Maggie Van Horn
6. Mother's Maiden Name, Kearns
7. Mother's Birthplace, Kings Co. Delaware
8. Full Name of Father, Charles Van Horn
9. Father's Occupation, machinist
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who make this Return W. S. Laurens
- Address 3 N. Broadway
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *17 September*
4. Place of Birth, (Street and Number) *1738 Eden*
5. Full Name of Mother, *Katie Feichtner*
6. Mother's Maiden Name, *Larkins*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Phillip Feichtner*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Casper*
- Address, *72 E. Lombard*
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50306

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Sept 17 1881*
4. Place of Birth, (Street and Number)..... *752 S. Street*
5. Full Name of Mother,..... *Virginia Mullen*
6. Mother's Maiden Name,..... *Katharina Canon*
7. Mother's Birthplace,..... *Baltimore*
8. Full Name of Father,..... *John Mullen*
9. Father's Occupation,..... *Fireman - Sheet Metal Worker*
10. Father's Birthplace,..... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs. Nash*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 17 Longfellow 1881*
4. Place of Birth (Street and Number) *W Bond St No 328*
5. Full Name of Mother *Mari Grim*
6. Mother's Maiden Name *Mari Walters*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Toson Walters*
9. Father's Occupation *Englanner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Grbaner*
- Address *Living in Mari W Bond St No 328*
- Remarks *Born Jan 17 Longfellow 1881*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50308

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

Sept. 17/81  
S. H. in. Hillen of South St.

4. Place of Birth, (Street and Number) .....

5. Full Name of Mother, .....

Mary Ellen Mullin  
" " Quinn

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

Balti.

8. Full Name of Father, .....

Thomas Mullin  
Boiler Maker

9. Father's Occupation, .....

10. Father's Birthplace, .....

Balti.

Name of Medical Attendant, or other Person who makes this Return

Edward M. Deane  
169 N. Calvert St.

Address, .....

Remarks, .....

and any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child or children, their physical condition, whether still born or not, the full name, nativity, and residence of the mother, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth the 17 of Sep.

4. Place of Birth, (Street and Number) No 195 Eager St

5. Full Name of Mother J. Barbara Scherer

6. Mother's Maiden Name Barbara Scherer

7. Mother's Birthplace Germany

8. Full Name of Father Peter Scherer

9. Father's Occupation Cabinet-maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Christina Lauer

Address 177. Harfenerstr

Remarks 1881

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup> 1881
- Sex (state whether Male ~~or Female~~)
  - Race or Color (~~if not white~~ white ~~or~~)
  - Date of Birth Sept 17<sup>th</sup> 1881
  - Place of Birth (Street and Number) Baltim Towne and St Mar Colmaba
  - Full Name of Mother Mrs Annie C Cole
  - Mother's Maiden Name " " Walsh
  - Mother's Birthplace Baltim City
  - Full Name of Father John Cole
  - Father's Occupation Carpenter
  - Father's Birthplace Baltim Md
  - Name of Medical Attendant, or other Person who makes this Return. James H. Stewart M.D.
  - Address 93 Park Ave
  - Remarks Normal

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



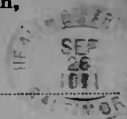
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 17<sup>th</sup> 1891
4. Place of Birth, (Street and Number) No 11 Bond St
5. Full Name of Mother Maggie Butler
6. Mother's Maiden Name Maggie Dicks
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael C. Butler
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catharine Kearney
- Address No 18 Byrd St
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50812

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Sept
4. Place of Birth, (Street and Number) 252 N. Wolfe
5. Full Name of Mother, Dorcas Plumer
6. Mother's Maiden Name, W.
7. Mother's Birthplace, Balt.
8. Full Name of Father, William Plumer
9. Father's Occupation, Saloon
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Josephine Kennard
- Address J. C. Barnes
- Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50215

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

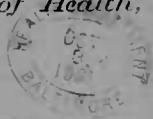


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sep 17-1881*
4. Place of Birth, (Street and Number) *No 2341 Chew St*
5. Full Name of Mother, *Alice Andrew*
6. Mother's Maiden Name, *Alice Brummel*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Thomas C Andrew*
9. Father's Occupation, *Policeman*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Allen*
- Address. *286 N. Tenagh st*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

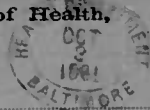


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female).. *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 17th.*
4. Place of Birth, (Street and Number) *No 295 Columbia Ave.*
5. Full Name of Mother, *Lizzie Keefer*
6. Mother's Maiden Name, *Manwell*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Myrlon Keefer*
9. Father's Occupation, *Upholsterer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, *Dr. J. C. C. Columbia Ave. & Fremont St.*  
or other person who makes this return.
- Address, *Child in good physical condition, & living*
- Remarks, *Child in good physical condition, & living*

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17 1891
4. Place of Birth, (Street and Number) 55 Madison St
5. Full Name of Mother, Hattie Creighton
6. Mother's Maiden Name, Hattie Cannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Creighton
9. Father's Occupation, Merchant
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Ph. C. D. [Signature]
- Address. 1216 [Signature]
- Remarks, \_\_\_\_\_

Save as the birth of any child within a City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50816

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup> Child.

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

Sept. 17<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

161 Columbia Av.

5. Full Name of Mother,

Anna Melchoir,

6. Mother's Maiden Name,

" Beckman,

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Lewis J. Melchoir,

9. Father's Occupation,

Waryman

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall, M.D.

Address,

152 S. Sharp St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

5031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *17 September*
4. Place of Birth, (Street and Number) *15 Parrieh alley Baltimore*
5. Full Name of Mother, *Lizzie Johnson*
6. Mother's Maiden Name, *Lizzie Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Johnson*
9. Father's Occupation, *Minister of the gospel*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mary E. Jones* or other Person who makes this Return.
- Address, *110 E Harris St Baltimore*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

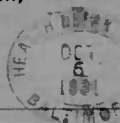


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (~~state whether male or female~~) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *September 17th 1881*
4. Place of Birth (Street and Number) *115 Franklin St*
5. Full Name of Mother *Mary Elizabeth James*
6. Mother's Maiden Name *James*
7. Mother's Birthplace *Richmond Maryland*
8. Full Name of Father *George James*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. D. Johnson, M.D.*
- Address *343 Wilson Road*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 17th 1881*

4. Place of Birth (Street and Number) *72 South Charles St*

5. Full Name of Mother *Mary R. Welch*

6. Mother's Maiden Name *Mary R. King's-nore*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Wm. J. Welch*

9. Father's Occupation *Wholesale Merchant*

10. Father's Birthplace *St. Marys Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. R. Wiley M.D.*

Address *15 W. Hanover St*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50320

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 14th*
4. Place of Birth, (Street and Number) *No 180 Columbia W.*
5. Full Name of Mother, *Mary Bonchat*
6. Mother's Maiden Name, *Reichert*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Bonchat*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *W. D. Eddenbohn*
- Address, *166 S. Paca St.*
- Remarks, \_\_\_\_\_



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50391

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17<sup>th</sup>. 1881
4. Place of Birth, (Street and Number) No. - Bellair road opposite Bauer Smiths
5. Full Name of Mother, Minnie Eberhardt
6. Mother's Maiden Name, Minnie Muth.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Eberhardt.
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Burt
- Address, 10 185 St. cor Central so. & Monument St.
- Remarks, Well

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

50529

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 18th 1881*
4. Place of Birth, (Street and Number) *161 W Lombard Maternity Hospital*
5. Full Name of Mother, *Mrs B W Lee*
6. Mother's Maiden Name, *Richmond*
7. Mother's Birthplace, *Unknown*
8. Full Name of Father, *John Cornsby M.W.*
9. Father's Occupation, *161 W Lombard*
10. Father's Birthplace, *Illigintot*
- Name of Medical Attendant, or other Person who makes this Return
- Address.
- Remarks, *Illigintot*

and any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept: 18th

4. Place of Birth, (Street and Number)

88 Harlan Ave

5. Full Name of Mother,

J. Louisa Applegarth

6. Mother's Maiden Name,

J. Louisa Gault

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rufus W. Applegarth

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

J. H. H. H.

Address,

No. 2 Cathedral St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

503211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Sept 18 91*
- Place of Birth, (Street and Number) *Division St*
- Full Name of Mother, *May Chamber*
- Mother's Maiden Name, *Leah*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *G. W. Chambers*
- Father's Occupation, *Police man*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Dr. J. H. Jones M.D.*  
or other Person who makes this Return.
- Address, *Ar. Stueker + P. Stueker*
- Remarks,

Notice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51325

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *18th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th of September 1881*
4. Place of Birth, (Street and Number) *522 East Fayette Street*
5. Full Name of Mother, *May & L Smith*
6. Mother's Maiden Name, *May L. Espy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William B. Espy*
9. Father's Occupation, *Cupier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address *11 North Chapel Street per Justina Kunkel*
- Remarks *X Legal*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50326

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 18, 1881.

4. Place of Birth, (Street and Number)

Durham St. No. 127.

5. Full Name of Mother,

Margaretha Nech

6. Mother's Maiden Name,

Margaretha Kraus.

7. Mother's Birthplace,

Schroppach, Co. Baden, Germany

8. Full Name of Father,

Sebastian Nech

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Untermaassen, Co. Baden, Germany

Name of Medical Attendant,

or other Person who makes this Return

May E. Miller

Address,

127 Durham St.

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 18 September
4. Place of Birth, (Street and Number) 23 Watson
5. Full Name of Mother, Lizzie Freiman
6. Mother's Maiden Name, Gebhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Freiman
9. Father's Occupation, Workman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who make this Return Mrs. Sara Casper
- Address, 72 E Lombard
- Remarks, \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50328

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1<sup>st</sup>  
1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... Sept. 18<sup>th</sup>  
4. Place of Birth, (Street and Number)..... 351 Hollins St.  
5. Full Name of Mother,..... Charlotte Farrell  
6. Mother's Maiden Name,..... Charlotte Myers  
7. Mother's Birthplace,..... Baltimore  
8. Full Name of Father,..... James E. Farrell  
9. Father's Occupation,..... Baltimore  
10. Father's Birthplace,..... ~~St. Louis~~ <sup>St. Louis</sup> Baltimore  
Name of Medical Attendant, or other Person who makes this Return...... J. J. Smith  
Address,..... 2 Cathedral St.  
Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50329

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18th September, 1881*
4. Place of Birth (Street and Number) *55 S. Wolf St.*
5. Full Name of Mother *Maggie Lewis*
6. Mother's Maiden Name *Maggie Bagwell*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Joseph Lewis*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore, Md.*



Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks *Had no medical attendance or Midwife*

*Geo. E. Taylor,  
Sanitary Inspector.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address, ..

Remarks,

8th  
Female



Sept 18/81  
413 Thilman St  
Mary Kennedy  
" McKenna  
Infant  
Patrick Kennedy  
Shoe Maker  
Ireland  
Edward J. Devitt  
169 4. Calver St

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50331

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 18/81.

4. Place of Birth, (Street and Number)

218 Churnet st.

5. Full Name of Mother,

Mary Ann M Devitt

6. Mother's Maiden Name,

" " Donohue

7. Mother's Birthplace,

Ireland

8. Full Name of Father, ...

Cornelius M Devitt

9. Father's Occupation,

Shoe Tupper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who make this Return.

Edward M Devitt

Address,

168 N. Calvert st

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Eighteen of September*
4. Place of Birth, (Street and Number) *14 W. Gay street*
5. Full Name of Mother, *Amelia Annrain*
6. Mother's Maiden Name, *Amelia Granger*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Annrain*
9. Father's Occupation, *Furniture Wagon Driver*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant,

or other Person who  
makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50333

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

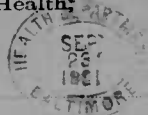


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored, Race*
3. Date of Birth, *117 Bethel St Sep 18 1881*
4. Place of Birth, (Street and Number) *117 Bethel St*
5. Full Name of Mother, *Fanny Chester*
6. Mother's Maiden Name, *Fanny Stuard*
7. Mother's Birthplace, *St Mary Virginia*
8. Full Name of Father, *Andrew Chester*
9. Father's Occupation, *Oyster Shucker*
10. Father's Birthplace, *Dorchester County*
- Name of Medical Attendant, or other Person who makes this return *Lucinda Woolford*
- Address, *139 Register St*
- Remarks, *No Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 12 Bradford Alley Baltimore
5. Full Name of Mother, Gerry Baucke Wilderhauf
6. Mother's Maiden Name, Gerry Baucke
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Charles Wilderhauf
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore city
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary G. Young
- Address, 171 N. Washington Street
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

54335

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 18<sup>th</sup> 1891*
4. Place of Birth, (Street and Number) *Patterson Park Avenue*
5. Full Name of Mother, *Emma Leitchsky Muller*
6. Mother's Maiden Name, *Emma Leitchsky*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *Patrick Muller*
9. Father's Occupation, *City Office*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who make this Return *Mrs Mary E. Linn*
- Address, *171 St Washington St*
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

18<sup>th</sup> of September

4. Place of Birth, (Street and Number)

172 S. Bond St

5. Full Name of Mother,

Henrietta Schmidt

6. Mother's Maiden Name,

Bindner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ludwig Schmidt

9. Father's Occupation,

Street Paver

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who  
makes this Return

Mr. W. Goetzke

Address,

55 S. Bond St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50337

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child, of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sep 23 1881
4. Place of Birth, (Street and Number) Barron No 1
5. Full Name of Mother, Sarah Carter
6. Mother's Maiden Name, Sarah Johnson
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Sheld Carter
9. Father's Occupation, labor
10. Father's Birthplace, West Virginia
- Name of Medical Attendant, or other Person who makes this Return. Mr's wife Shollosky proctor
- Address, No 10 Calton St.
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50338

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18<sup>th</sup> September 1881
4. Place of Birth, (Street and Number) 35 Central Ave.
5. Full Name of Mother, Margaret Lusner
6. Mother's Maiden Name, " " Hoff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Lusner
9. Father's Occupation, Confectionery
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Stephen Shinn
- Address, 129 70 S. E. St.
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth September 18<sup>th</sup>
4. Place of Birth (Street and Number) #140 Cathedral St Baltimore Md.
5. Full Name of Mother Ella White
6. Mother's Maiden Name Ella Davis
7. Mother's Birthplace Virginia
8. Full Name of Father James White
9. Father's Occupation Waiter
10. Father's Birthplace North Carolina
- Name of Medical Attendant, or other Person who makes this Return. Dr. McFarrall & Mrs. Johnson
- Address Longfellow Sydney Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 18 1881*
4. Place of Birth (Street and Number) *Tyson St no 914*
5. Full Name of Mother *Jane Henrietta Armstrong*
6. Mother's Maiden Name *Jane Henrietta Armstrong*
7. Mother's Birthplace *St Marys County Md*
8. Full Name of Father *Frank Cole*
9. Father's Occupation *Logging vessels*
10. Father's Birthplace *St Marys County Md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50311-1

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sunday Sept. 18

4. Place of Birth (Street and Number) Arundel Hill Ave No 152

5. Full Name of Mother Margaret Chambers

6. Mother's Maiden Name Margaret Burnett

7. Mother's Birthplace Innards County, Md. near Martins St

8. Full Name of Father George W. Chambers

9. Father's Occupation Shoemaker and Soling

10. Father's Birthplace Fredricks County, Md. near Market St

Name of Medical Attendant, or other Person who makes this Return.

Address No 152 Arundel Hill Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50842

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 18th  
1882



4. Place of Birth, (Street and Number)

164 Wall St

5. Full Name of Mother,

Mary G. Gilligan

6. Mother's Maiden Name,

MacIntosh

7. Mother's Birthplace,

America

8. Full Name of Father,

James G. Gilligan

9. Father's Occupation,

Teacher

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. J. Hays, midwife

Address,

330 E. Calver St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50343

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 18, 1881*  
 4. Place of Birth (Street and Number) *17 N. Vermont St*  
 5. Full Name of Mother *Theresa M. Noonan*  
 6. Mother's Maiden Name *Theresa M. Lour*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Wm. P. Noonan*  
 9. Father's Occupation *Saloon Keeper*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *E. J. Egan M.D.*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50344

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sep 18 - 81*
4. Place of Birth, (Street and Number) *No 497 E Monument St*
5. Full Name of Mother, *Mary W. Merritt*
6. Mother's Maiden Name, *Beatty*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Michael Merritt*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return
- Address
- Remarks

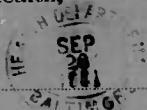


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50345

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Sept 18-81*
4. Place of Birth, (Street and Number) *No. 3188 Monument St*
5. Full Name of Mother, *Kate Collins*
6. Mother's Maiden Name, *Kate Beard*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *John A Collins*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, *or other Person who makes this Return* *Mary A Allwell*
- Address *261 Alt Tenagh St*
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50346

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 18th 84*
4. Place of Birth, (Street and Number) *125 Barre St*
5. Full Name of Mother, *Catharine Kratz*
6. Mother's Maiden Name, *Boekelmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. Kratz*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Brod.*
- Address, *4328 S. Eutaw St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *September 18<sup>th</sup> 1887*
4. Place of Birth, (Street and Number) *134 Barr St*
5. Full Name of Mother, *Lizzie Bass*
6. Mother's Maiden Name, *" Keller*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Geo. Bann*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Wm. H. H. H.*
- Address, *1400 N. 1st St. Baltimore*
- Remarks, *Child of Lizzie Bass*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sunday 2 Sept. 18 1881*
4. Place of Birth (Street and Number) *538 Aisquith St.*
5. Full Name of Mother *Elizabeth Newman*
6. Mother's Maiden Name *" Loyd*
7. Mother's Birthplace *Balt. Md*
8. Full Name of Father *Wm. Newman*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Prince George's Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Britton M.D.*
- Address *25 1/2 Government Ave.*
- Remarks *Stillborn Present alive*

Notice at time of birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 18th 1881

4. Place of Birth, (Street and Number)

445 Bolton St

5. Full Name of Mother,

Maggie J Parker

6. Mother's Maiden Name,

Abraham

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J Sumner Parker

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Va

Name of Medical Attendant, or other person who makes this Return.

Colias E. Price M D

Address,

262 Madison Ave

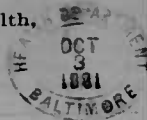
Remarks,

Baltimore

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 15, 1881*
4. Place of Birth, (Street and Number) *117 West Baltimore*
5. Full Name of Mother, *Mary J. Baker*
6. Mother's Maiden Name, *Green*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. W. Baker*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Murphy*
- Address, *1200 Broadway*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50351

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1894
4. Place of Birth, (Street and Number) Broadway + Canton Ave
5. Full Name of Mother, Jennie Hasenbaly
6. Mother's Maiden Name, Luschen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernst Hasenbaly
9. Father's Occupation, Druggist
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louise C. Kraft
- Address 1206 Canton Ave
- Remarks, .....

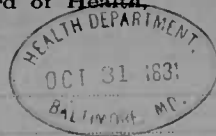


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50359

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept. 18<sup>th</sup>*
4. Place of Birth, (Street and Number) *No. 1 Jackson's Court*
5. Full Name of Mother, *Margaretta. Reis*
6. Mother's Maiden Name, *" " Kingfinger*
7. Mother's Birthplace, *City Baltimore*
8. Full Name of Father, *August. Reis*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *60 North Howard St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 19, 1881

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50354

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 19<sup>th</sup> Sept. '81
4. Place of Birth, (Street and Number) 102 Salisbury Ave
5. Full Name of Mother Lattie L. Turner
6. Mother's Maiden Name Wright
7. Mother's Birthplace Durham, N.C.
8. Full Name of Father George P. Turner
9. Father's Occupation Merchant
10. Father's Birthplace N.C.
- Name of Medical Attendant, or other Person who makes this Return. John Neff
- Address 2541 Connelton Ave
- Remarks Premature - Period of Gestation 6 months

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19<sup>th</sup> September, 1881.
4. Place of Birth (Street and Number) 65 S. Paca St.
5. Full Name of Mother Helen Perrettz
6. Mother's Maiden Name Helen Winternitz
7. Mother's Birthplace Baltimore.
8. Full Name of Father A. Bernard Perrettz.
9. Father's Occupation Dress Maker.
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. A. W. L. Hall.
- Address 425 W. Fayette St.
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50356

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Sep 19 1887

4. Place of Birth, (Street and Number)

117 Durham

5. Full Name of Mother,

Azeania Jackson

6. Mother's Maiden Name,

Azeania Dockins

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Billy Hudson

9. Father's Occupation,

Oyster Shocker

10. Father's Birthplace,

Princes Ann.

Name of Medical Attendant, or other Person who makes this return.

Gyander Woolford

Address,

130 Register St

Remarks,

Remarks

advices at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still-born or not, the full name, age, sex, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Borne Monday 19

4. Place of Birth, (Street and Number)

Batley Avenue 211

5. Full Name of Mother,

Mary J. Realy

6. Mother's Maiden Name,

Mary Barber

7. Mother's Birthplace,

Birth place Baltimore

8. Full Name of Father,

Garyd Realy

9. Father's Occupation,

Occupation Lawyer

10. Father's Birthplace,

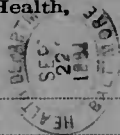
Birth place Cecil County Md

Name of Medical Attendant, or other Person who makes this Return

Physician Anne Thornto

Address

Remarks



Advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

50358

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of September, 1881*
4. Place of Birth, (Street and Number) *81 Cambridge Street*
5. Full Name of Mother, *Maggie Dunbar*
6. Mother's Maiden Name, *Maggie Bridge Trigg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Trigg*
9. Father's Occupation, *Crocheter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescencia Kunkel*
- Address, *71 North Chapel Street for Dr. Kunkel*
- Remarks, *Healthy*



# RETURN OF A BIRTH, 50359

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6th

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

white race

Date of Birth

September 10th

Place of Birth, (Street and Number)

Baltimore Marshall St No 6

Full Name of Mother

Mary Courtney

Mother's Maiden Name

Mary Hillan

Mother's Birthplace

Baltimore County

Full Name of Father

John Courtney

Father's Occupation

Engineer

Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hathorn

Address

William St No 344

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50360

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 19th 1881

4. Place of Birth (Street and Number)

103 N. Dull's St.

5. Full Name of Mother

Agnes Jane Jackson

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Bell's Md.

8. Full Name of Father

James Jackson

9. Father's Occupation

Suburban

10. Father's Birthplace

Petersburg Va.

Name of Medical Attendant, or other Person who makes this Return.

Francis X. Sauer M.D.

Address

105 N. Central Ave.

Remarks

As soon as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50361

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

first  
female  
with the

The 19 Day of September 1881.

29 D. Hill. Ave.

Hollie Ritter

Hollie Ritter

Baltimore Md.

William Ritter.

Bakery.

Germany.

Longfield

39 Second St.

Return at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50362

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th September*
4. Place of Birth, (Street and Number) *214 Elliot St*
5. Full Name of Mother, *Mary Malinda Brockman*
6. Mother's Maiden Name, *Wagner Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Kenny Brockman Brockman*
9. Father's Occupation, *Fireman on the Philadelphia & Baltimore and Wilmington*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *Dr. Wiley B. B. G.*
- Address, *Dr. 12 Patterson Park St*
- Remarks, *Called in Doctor Williams*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50963

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Sept.
4. Place of Birth, (Street and Number) McPain Lane
5. Full Name of Mother, Est. Kischlog
6. Mother's Maiden Name, Reinick
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Peter Kischlog
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. J. C. Brown
- Address, 5
- Remarks,

notice at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

503611

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
White  
Sept 19 1881  
76 Hart Avenue  
Anna Roberts  
Anna Britchett  
City  
Capt John Roberts  
Mariner  
No  
W.B. Noble, M.D.  
50 Harmon St

Report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50365

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Sept 17<sup>th</sup> 1881 Baltimore city*
  4. Place of Birth, (Street and Number) *291 Alice street*
  5. Full Name of Mother, *Wilhelmina Hubert Rachel*
  6. Mother's Maiden Name, *W. Hubert*
  7. Mother's Birthplace, *Germany*
  8. Full Name of Father, *H. W. Rachel*
  9. Father's Occupation, *Saloon*
  10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Mary E. Quinn*
- Address, *111 S. Washington St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 19th 1881*
4. Place of Birth, (Street and Number) *No. 170 Front St. Balt.*
5. Full Name of Mother, *Luey Polyzog and*
6. Mother's Maiden Name, *"Geddes"*
7. Mother's Birthplace, *Madison, Indiana*
8. Full Name of Father, *Samuel Polyzog and*
9. Father's Occupation, *Cab. Driver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Dr. J. H. Smith*  
or other Person who makes this Return.
- Address, *203 N. Lombard St.*
- Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

54367

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 19th

4. Place of Birth, (Street and Number)

242 Clifton Place

5. Full Name of Mother,

Mary J. Perry  
Mary J. Croch

6. Mother's Maiden Name,

7. Mother's Birthplace,

1 Salt

8. Full Name of Father,

Wm. B. Perry

9. Father's Occupation,

Money Delivery Clerk B.O. Exp

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Wm. Whitridge

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *September 19, 1881*
4. Place of Birth (Street and Number) *148 N. Sticker St.*
5. Full Name of Mother *Emily M. Jones.*
6. Mother's Maiden Name *Emily M. Goldy.*
7. Mother's Birthplace *New Jersey.*
8. Full Name of Father *George W. Jones.*
9. Father's Occupation *Ship Broker*
10. Father's Birthplace *New Jersey.*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Houchens, M.D.*
- Address *75 E. Baltimore St.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50369

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

See also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third  
Male  
White  
Sept 19<sup>th</sup> 1881  
270 Druid Hill Ave  
Eva Leffia  
Lauderson  
McElrose, Mass  
W. W. Abraham  
Ice dealer,  
Baltimore  
Elias C. Price M.D.  
262 Madison Ave

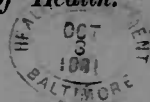
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 19 1881
4. Place of Birth, (Street and Number) 214 Preston St
5. Full Name of Mother Maggie Stump
6. Mother's Maiden Name Maggie Kane
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Stump
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs A. Messey
- Address 345 Penna Ave
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51379

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 September 1881
4. Place of Birth, (Street and Number) 261 Preston St
5. Full Name of Mother, Mary Jane Zellers
6. Mother's Maiden Name, O'Neill
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Joseph A Zellers
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Marbury Brewer MD
- Address, 68 McCallum Street
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

54373

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)...

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,...

19 October

4. Place of Birth, (Street and Number)

20 Sept St

5. Full Name of Mother,

Jahana Kiefer

6. Mother's Maiden Name,

Benjamin Samson

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Benjamin Samson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

May Magarinos

Address,

Russell St. No. 76

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50374

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

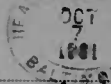
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 19/11
4. Place of Birth, (Street and Number) #54 S Bethel St
5. Full Name of Mother, Katie Thomas
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Thomas
9. Father's Occupation, Cabman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this Return Mrs Louise Knapp
- Address
- Remarks



At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

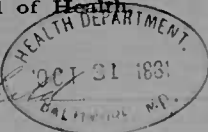


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Sept. 19, 1881
4. Place of Birth, (Street and Number) ..... 240 Botten st
5. Full Name of Mother, ..... Sarah Owen
6. Mother's Maiden Name, ..... " Nesbit
7. Mother's Birthplace, ..... Georgia
8. Full Name of Father, ..... Wyatt Owen
9. Father's Occupation, ..... Manufacturer
10. Father's Birthplace, ..... Ash River Ind
- Name of Medical Attendant, or other Person who makes this Return ..... Dr. Williams
- Address ..... 201 Madison Ave
- Remarks, .....

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

first

Child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth,

September 19. 1881.

4. Place of Birth, (Street and Number)

Number 62 Saragoto St. Baltimore

5. Full Name of Mother,

Anna Mallie Smith

6. Mother's Maiden Name,

Anna Mallie Litchapp

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Henry A. Smith

9. Father's Occupation,

Baker

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this Return

Address,

68 N. 4th St. Schradie St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

Clara Louisa Goetting

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 19<sup>th</sup> 1881

4. Place of Birth (Street and Number) 90 Druid Hill ave

5. Full Name of Mother Annie V. Goetting

6. Mother's Maiden Name " " Creamer

7. Mother's Birthplace Balto

8. Full Name of Father Chas a Goetting

9. Father's Occupation Shoe Cutter

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return

Eversdynder

Address

2. S. Co Calvert Monument etc

Remarks

This was overlooked in some way

Though intended and perhaps for main  
well name added by mother when  
get among records 7/11/83  
MRS Annie V Goetting Mother

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 20, 1891
4. Place of Birth, (Street and Number) No. 432 East Fayette St.
5. Full Name of Mother Mrs. Mary A. Simpson
6. Mother's Maiden Name Miss Mary A. McTaggart
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mrs. Francis M. Simpson
9. Father's Occupation Linier
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Glendinning M.D.
- Address No. 107 N. Broadway
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50379

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st -  
Male

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Sept. 20/81  
190 Chuzzleth St  
Annie Doreline  
Stepens  
Ireland  
Stephen Doreline  
Teacher  
Ireland  
Edward P. Doreline  
169 N. Calver St

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

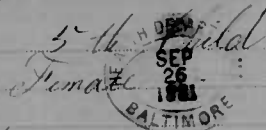
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Sept. 20<sup>th</sup> - 81  
419 Light St  
Augusta Dienhardt  
Eckhoff  
German  
Julius Dienhardt  
Confectioner  
German  
Dr. Schreger or midwife  
330 Hancock St.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

20351

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 20<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

10 32 Hill St

5. Full Name of Mother,

Fannie Sharper

6. Mother's Maiden Name,

Swabe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Sharper

9. Father's Occupation,

Deliverer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50319

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

SEP 28 1901  
H.F.A.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 Sept*
4. Place of Birth, (Street and Number) *84 Somerset St.*
5. Full Name of Mother, *Barbara Kulez*
6. Mother's Maiden Name, *Pearce*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Theodore Kulez*
9. Father's Occupation, *Trailer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return *Josephine Howard*
- Address, *110 N. Davis*
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50353

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept. 20<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Harrison st.*
5. Full Name of Mother, *Rachel Kirschbaum*
6. Mother's Maiden Name, *Axelone*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Jacob Kirschbaum*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein.*
- Address, *1136 Lombard st.*
- Remarks,

# RETURN OF A BIRTH

50351

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 20 1881

4. Place of Birth, (Street and Number)

215 Eastern Ave

5. Full Name of Mother,

Elizabeth Lammann

6. Mother's Maiden Name,

Dammann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Lammann

9. Father's Occupation,

Packer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth Beck

Address,

120 Park St

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 20, 1881
4. Place of Birth, (Street and Number) No. 236 N. Bond Street
5. Full Name of Mother Mrs. Emily Bryan
6. Mother's Maiden Name Miss Emily Rose
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Charles E. Bryan
9. Father's Occupation Silver Plater
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return William C. Clendinning M.D.
- Address No. 102 South Broadway
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child  
Marrick

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

20 September

4. Place of Birth, (Street and Number)

84 Linden Hall St

5. Full Name of Mother,

Lerna Washington

6. Mother's Maiden Name,

L. Harris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Washington

9. Father's Occupation,

Printer & Shaver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. C. Williams

Address,

124 Warren St.

Remarks,

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50337

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20<sup>th</sup> 1881-
4. Place of Birth, (Street and Number) Nativity Hospital, 161 W. Lombard
5. Full Name of Mother, Kate Powers
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Queen Anne Co. Md.
8. Full Name of Father, Unknown
9. Father's Occupation, Unknown
10. Father's Birthplace, Unknown
- Name of Medical Attendant, L. D. Biting, M.D. or other Person who makes this return
- Address, 161 W. Lombard St.
- Remarks, Normal L.C.P. Ad rupture re-opened -

as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Birth
1. Sex (state whether male or female) girl
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 20 September
4. Place of Birth, (Street and Number) Kastel Street No 54
5. Full Name of Mother Monika West
6. Mother's Maiden Name " Oberlein
7. Mother's Birthplace Hirschhausen Baiern
8. Full Name of Father Peter West
9. Father's Occupation Schreinri-
10. Father's Birthplace Stugburg Baiern
- Name of Medical Attendant, or other Person who makes this return. H. Bank Street No 123
- Address \_\_\_\_\_
- Remarks Miss Maurer

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50989

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Sep 20 - 1881*
4. Place of Birth, (Street and Number) *52 S. Central Ave.*
5. Full Name of Mother, *Ellen Cavill*
6. Mother's Maiden Name, *Danovan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Martin Cavill*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E. Pratt St.*
- Remarks, .....

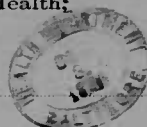
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50390

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Sept 20 - 1881*
4. Place of Birth, (Street and Number) *92 N. Caroline St.*
5. Full Name of Mother, *Lizzie Lauster*
6. Mother's Maiden Name, *Pimpenbrink*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Lauster*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E. Baito*
- Remarks, \_\_\_\_\_

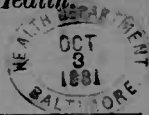


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50891

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 20. 1881
4. Place of Birth, (Street and Number) 13 Pitcher St.
5. Full Name of Mother Mary Adelaide Sewell
6. Mother's Maiden Name Reynolds
7. Mother's Birthplace Charlottesville Co. Va.
8. Full Name of Father Walter Sewell
9. Father's Occupation Builder
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this return. H. Christian, M.D.
- Address 431 Penn. Ave.
- Remarks

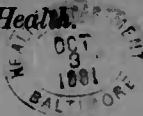
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



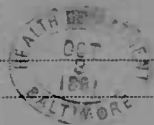
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 20 / 1881
4. Place of Birth, (Street and Number) 448 N. Calhoun St
5. Full Name of Mother Ellie Taylor
6. Mother's Maiden Name Baker
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Taylor
9. Father's Occupation House Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M. W.
- Address 431 E. Pratt St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50393

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



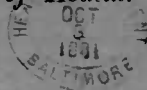
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20 1881
4. Place of Birth, (Street and Number) 663 N Lombard St
5. Full Name of Mother, Hettie M. Jantchell
6. Mother's Maiden Name, Hettie M. Reese
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jantchell
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. J. M. L. L. L. L.
- Address, 663 N Lombard St
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Child: *George S. Gist*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept 20 1881*

4. Place of Birth, (Street and Number) *26 Water St*

5. Full Name of Mother *J. Johanna Gist*

6. Mother's Maiden Name *Johna Gist*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Gist*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. A. Meservey*

Address *379*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
September 20<sup>th</sup> 1881  
Shirley House 119 Mad St.  
Annette Brogden  
Carter  
Maryland  
Harry Brogden  
Farmer  
Maryland  
Regina Buckle  
135 N Charles St

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

20396

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th Sept. 1881*
4. Place of Birth, (Street and Number) *130 S. Ann St.*
5. Full Name of Mother, *Mary Agnes Peck*
6. Mother's Maiden Name, *Stone*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Eugene Bennett Peck*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *St. Mary's Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *C. L. Brown M.D.*
- Address, *37 S. E. Baltimore St.*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

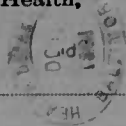
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 of September*
4. Place of Birth, (Street and Number) *3 Walter St*
5. Full Name of Mother, *Saidie Brown*
6. Mother's Maiden Name, *Daniel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Will Brown*
9. Father's Occupation, *Caracter*
10. Father's Birthplace, *New York*
- Names of Medical Attendant, or other Person who makes this Return *Mrs. Bess Allen*
- Address, *48 E. E. Howard*
- Remarks,



entries at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20, 1901
4. Place of Birth, (Street and Number) 1225 Eastern Ave.
5. Full Name of Mother, Mary Zimmer
6. Mother's Maiden Name, Bruckner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Zimmer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louis Hoff
- Address 1236 Eastern Ave.
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th September.

4. Place of Birth, (Street and Number)

N. 20th St. Cor. E. 1st St.

5. Full Name of Mother,

Bessie Felicia Link

6. Mother's Maiden Name,

John J. Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lewis Link, Decand.

9. Father's Occupation,

Confector

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Catherine Seebach

Address,

No. 439 West Pratt St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)..

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20<sup>th</sup> Sept. 81.

4. Place of Birth, (Street and Number)

134 Harlem Ave

5. Full Name of Mother,

Terresa Coulbourn

6. Mother's Maiden Name,

Palagano

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Robert M. Coulbourn

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oving

Address,

48 McCulloch St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26th
4. Place of Birth (Street and Number) 556 S. Chase St
5. Full Name of Mother Catherine McKelvin
6. Mother's Maiden Name Wells
7. Mother's Birthplace City
8. Full Name of Father Geo McKelvin
9. Father's Occupation Glazier
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. J. C. Smith M.D.
- Address 1511 Hancock St
- Remarks

# RETURN OF A BIRTH

50402

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20th. 1881
4. Place of Birth, (Street and Number) No 137. E. Chew St.
5. Full Name of Mother, Theresa Blankholt.
6. Mother's Maiden Name, Theresa Albert.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Albert Blankholt.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs. M. A. Budd.  
or other Person who makes this return
- Address, No 185 S.E. cor Central av & Monument St.
- Remarks, All Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 21<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *Fountain St Baltimore City*
5. Full Name of Mother, *Maria Anna Henkel Lustney*
6. Mother's Maiden Name, *M. A. Henkel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Lustney*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Luning*
- Address, *171 Washington St*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th.
1. Sex (state whether male or female) both male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 21st.
4. Place of Birth, (Street and Number) No. 282 East Pratt Street.
5. Full Name of Mother Agnes Gray.
6. Mother's Maiden Name Agnes O'Brien.
7. Mother's Birthplace Ireland.
8. Full Name of Father Ben. F. Gray.
9. Father's Occupation Manager of Police.
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.
- Address No. 5 Franklin Street.
- Remarks Twins.

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 21<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *303 Eastern Ave.*
5. Full Name of Mother, *Helena Schreiber*
6. Mother's Maiden Name, *Helena Celler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Herman Schreiber*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes the Return *Mrs Mary Amend.*

Address, *137 South Wolfe St*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16*

1. Sex, (state whether male or female) *female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 21<sup>st</sup> 1881.*

4. Place of Birth, (Street and Number) *265 Eastern Ave.*

5. Full Name of Mother, *Louisia Barget.*

6. Mother's Maiden Name, *Louisia Bear.*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Charlie Barget.*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return

Address, *137 South 3rd St*

Remarks,

*Mrs. Mary Amend.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforensid, within six days therefor, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female).  
2. Race or Color (if not of the white race)  
3. Date of Birth  
4. Place of Birth (Street and Number)  
5. Full Name of Mother  
6. Mother's Maiden Name  
7. Mother's Birthplace  
8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace  
Name of Medical Attendant, or other Person who makes this Return.  
Address.  
Remarks

*Trippara*  
*Male*  
*White*  
*Sept 21 1881*  
*59 S. Carroll Ave*  
*Lizzie Conway*  
*Lizzie Joyce*  
*Whealing Wm. Va.*  
*John Conway*  
*machinist*  
*Alexandria - Va.*  
*C. H. Layton, M.D.*  
*643 Lexington St.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50409

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 21
4. Place of Birth, (Street and Number) No 146 C. Pratt st.
5. Full Name of Mother, Elizabeth Theresa Shamion
6. Mother's Maiden Name, W. Herman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustus Shamion
9. Father's Occupation, Labor work
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 10 E. early st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>  
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Sept. 21. 1881

3. Date of Birth,

2 E Baker St.

4. Place of Birth, (Street and Number)

Mrs. M. Morganwick

5. Full Name of Mother,

Adelaide Schleich

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

Martin Morganwick

8. Full Name of Father,

Laborer

9. Father's Occupation,

Germany

10. Father's Birthplace,

H. Prater, M.D.

Name of Medical Attendant, or other Person who makes this Return

St. Francis St.

Address

Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 21<sup>st</sup> of Sep 1881
4. Place of Birth, (Street and Number) 88 Wilhelm St.
5. Full Name of Mother Kunigunde Wils
6. Mother's Maiden Name H. Zeiler
7. Mother's Birthplace born in Bavaria Germany
8. Full Name of Father Franz L. Wils
9. Father's Occupation Stemmer
10. Father's Birthplace born in Ostre Germany
- Name of Medical Attendant, or other Person who makes this Return. Miss Miller
- Address my W. Hall St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> and 2<sup>d</sup> "twins"*  
1. Sex (state whether Male or Female) *Both males -*  
2. Race or Color (if not of the white race) *—*  
3. Date of Birth *September 24<sup>th</sup> 1881*  
4. Place of Birth (Street and Number) *347 N. Bond Street*  
5. Full Name of Mother *Rosella Gerhardt*  
6. Mother's Maiden Name *Rosella Disney*  
7. Mother's Birthplace *Balto Md*  
8. Full Name of Father *David Gerhardt*  
9. Father's Occupation *Polisher & Grinder*  
10. Father's Birthplace *North Carolina U.S.A.*  
Name of Medical Attendant, or other Person who makes this Return. *J. W. Miller M.D.*  
Address *1179 E. Monument St*  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

September 21st 1881.

4. Place of Birth, (Street and Number)

374 Franklin St.

5. Full Name of Mother,

Sarah Elisabeth Williar.

6. Mother's Maiden Name,

Sarah Elisabeth Toner.

7. Mother's Birthplace,

Near Westminster Md.

8. Full Name of Father,

John Andrews Williar.

9. Father's Occupation,

Cattle Broker.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

John Pennington M.D.  
134 Almarston Ave.

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3<sup>rd</sup>

1. Sex, (state whether male or female) ..... Male

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ..... Sept. 21<sup>st</sup> 1881

4. Place of Birth, (Street and Number) ..... Baltimore Columbia St. No. 101

5. Full Name of Mother, ..... Lydia Parks

6. Mother's Maiden Name, ..... Wilson

7. Mother's Birthplace, ..... Baltimore

8. Full Name of Father, ..... William Parks

9. Father's Occupation, ..... Laborer

10. Father's Birthplace, ..... Baltimore

Name of Medical Attendant, or other Person who make this Return ..... Mrs. C. M. McKell

Address ..... No. 38 Perkins St.

Remarks.....

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *134 Noham, date of birth sept 21 1881*
4. Place of Birth, (Street and Number) *Lusin Rennie*
5. Full Name of Mother, *Lusin Cain*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Captain shore*
8. Full Name of Father, *George Rennie*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Lucy Wolford*
- Address, *138 Register st*
- Remarks, *No remarks*

Every child born in Baltimore, or other place in Maryland, or other place in the United States, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female)..... *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *21 September*
4. Place of Birth, (Street and Number) *68 Holland street*
5. Full Name of Mother, *Emily Spies*
6. Mother's Maiden Name, *" Burne*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. Spies*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Clerk*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Rosa M. M. M.*
- Address, *68 Holland street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50415

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 21
4. Place of Birth (Street and Number) Mount Royal Avenue
5. Full Name of Mother A. J. Hooper
6. Mother's Maiden Name A. J. Butler
7. Mother's Birthplace New Orleans
8. Full Name of Father Captain Richard Hooper
9. Father's Occupation Sea Captain
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. E. Shute
- Address 211 Argyle St
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth,..... *September 21st*
4. Place of Birth, (Street and Number) *No 176 W. Fremont St.*
5. Full Name of Mother, *Sarah Henderson,*
6. Mother's Maiden Name, *Frances,*
7. Mother's Birthplace, *Virginia,*
8. Full Name of Father, *Olive Henderson,*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, *Dr. W. E. C. Columbia Ave.*
- Address, *N. E. Cor. Columbia Ave. & Fremont St.*
- Remarks, *Child in good physical condition, & living*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 21<sup>st</sup> 1881
4. Place of Birth, (Street and Number) 195 S. Wolfe St.
5. Full Name of Mother, Amanda Haen
6. Mother's Maiden Name, " Pfeiffer
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Haen
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth B. B. B.
- Address, 120 Bank St.
- Remarks, \_\_\_\_\_

Person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

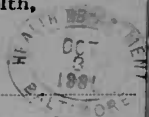


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 12
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Sept. 21 84
4. Place of Birth, (Street and Number) ..... # 16 Chestnut alley
5. Full Name of Mother, ..... Mathilda Leadle Riedel
6. Mother's Maiden Name, ..... Leichter ~~Bussan~~
7. Mother's Birthplace, ..... Prussia
8. Full Name of Father, ..... Christian Rei Riedel
9. Father's Occupation, ..... Shoemaker
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mary Hook
- Address, ..... 328 S Eutan St
- Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 10<sup>th</sup>

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ..... Sept 21<sup>st</sup> 89

4. Place of Birth, (Street and Number) ..... 470 N. Broadway

5. Full Name of Mother, ..... Annie Dorprich

6. Mother's Maiden Name, ..... Leibheiser

7. Mother's Birthplace, ..... Jackson

8. Full Name of Father, ..... John Dorprich

9. Father's Occupation, ..... Porter

10. Father's Birthplace, ..... Jackson

Name of Medical Attendant, or other Person who makes this Return ..... Mary Koch

Address ..... # 328 S. Eutan St

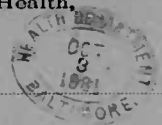
Remarks.....

to be given by physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31423

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 9<sup>th</sup>  
 1. Sex, (state whether male or female) ..... Female  
 2. Race or Color, (if not of the white race) ..... White  
 3. Date of Birth, ..... Sept 21<sup>st</sup> 89  
 4. Place of Birth, (Street and Number) ..... 47 Stockholme St  
 5. Full Name of Mother, ..... Bataan Borchers  
 6. Mother's Maiden Name, ..... Hetzel  
 7. Mother's Birthplace, ..... Messen-lammstadt  
 8. Full Name of Father, ..... Francis Borchers  
 9. Father's Occupation, ..... Glass Blower  
 10. Father's Birthplace, ..... Switzerland  
 Name of Medical Attendant, or other Person who makes this Return ..... Mary Koch  
 Address, ..... # 328 S. 1<sup>st</sup> Entw St.  
 Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept. 24. 1881.
4. Place of Birth, (Street and Number) 334 N. Gilman St.
5. Full Name of Mother Jessamine B. Moore
6. Mother's Maiden Name Williams
7. Mother's Birthplace St. Marys Co. Md.
8. Full Name of Father Wm. C. Moore
9. Father's Occupation Car Driver
10. Father's Birthplace Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Harrison, M.D.
- Address 434 Lenox Ave.
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

51125

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 31. 1881.
4. Place of Birth, (Street and Number) 7 Leek road
5. Full Name of Mother Isa bell Miller
6. Mother's Maiden Name Priscoe
7. Mother's Birthplace Balto. Co. Md.
8. Full Name of Father Chas. H. Miller
9. Father's Occupation Painter
10. Father's Birthplace Balto. Co. Md.
- Name of Medical Attendant, or other Person who makes this return. W. H. Christian, M.D.
- Address 431 Lenox Ave.
- Remarks

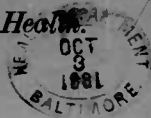
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 21 1881
4. Place of Birth, (Street and Number) 135 Mosher st
5. Full Name of Mother Mary Hartwell
6. Mother's Maiden Name Heater
7. Mother's Birthplace Balto. City - Md.
8. Full Name of Father Jas. C. Hartwell
9. Father's Occupation Police Officer
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christian Miller
- Address 437 Penna. Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) wht

3. Date of Birth Sept. 21. 1881

4. Place of Birth (Street and Number) 362 N. Eutaw

5. Full Name of Mother Sarah J. Cunley

6. Mother's Maiden Name " Holden

7. Mother's Birthplace N. Y.

8. Full Name of Father J. Albert Cunley

9. Father's Occupation clerk

10. Father's Birthplace md.

Name of Medical Attendant, or other Person who makes this Return.

G Lane Daneyhill  
129 W. Biddle St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st Sept*
4. Place of Birth (Street and Number) *63 Harlem Ave*
5. Full Name of Mother *Maries Fletcher*
6. Mother's Maiden Name *Harris*
7. Mother's Birthplace *Alabama*
8. Full Name of Father *Stanley Fletcher*
9. Father's Occupation *Editor*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*
- Address *39 St. Carey St*
- Remarks

to be filled out by the mother, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*white*

3. Date of Birth,

*September 21.*

4. Place of Birth, (Street and Number)

*Street - Street No. 48.*

5. Full Name of Mother,

*Bartolomine Clausing Higfies.*

6. Mother's Maiden Name,

*Bartolomine Clausing.*

7. Mother's Birthplace,

*Bremen.*

8. Full Name of Father,

*F. W. H. Higfies.*

9. Father's Occupation,

*Frederick Painter.*

10. Father's Birthplace,

*Rosstock. Wollenburg - Oldenburg.*

Name of Medical Attendant, or other Person who makes this Return

Address,

*10 North Schroeder St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 65

1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Sept - 29 1881
  4. Place of Birth, (Street and Number) No 11 Bryn Mawr St
  5. Full Name of Mother Mary Dietz
  6. Mother's Maiden Name Mary Dietz
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Charles Dietz
  9. Father's Occupation Laborer
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this Return. Anna Hallenstein
- Address 182 E. Monument
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: *Alice Powell Bennett*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*1st Child*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth, ...

*Sept. 22. 1881.*

4. Place of Birth, (Street and Number)

*174. Blington Ave.*

5. Full Name of Mother,

*Kate Bennett.*

6. Mother's Maiden Name,

*Kate Hinds.*

7. Mother's Birthplace,

*Baltimore.*

8. Full Name of Father,

*S. Frank Bennett.*

9. Father's Occupation,

*Brick-Manufacturer.*

10. Father's Birthplace,

*Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

*John P. ...  
1227 N. ...*

Remarks,

*Child - Healthy.*

"That any physician, accoucher, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22nd 1881

4. Place of Birth, (Street and Number) 336 Eastern Ave.

5. Full Name of Mother, Lusia Wolf.

6. Mother's Maiden Name, Lusia Kraty.

7. Mother's Birthplace, America.

8. Full Name of Father, Franz Wolf

9. Father's Occupation, Labour.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, on South Main St.

Remarks,



any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

501183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

2nd  
 George  
 White  
 Sept 22nd 1881  
 257 S. Bacon St  
 Helen ~~Barlow~~ Barton  
 Helen Pritchett  
 Baltimore Md  
 Wm A. Barton  
 Baltimore  
 Baltimore Md  
 Headmaster  
 146 S. E. Street

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

September 24<sup>th</sup> 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 22<sup>nd</sup> 1881.

4. Place of Birth, (Street and Number) 336 Ann St.

5. Full Name of Mother, Mary Ann.

6. Mother's Maiden Name, Mary Kolbus.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Louis Ann.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return

Address, 1013<sup>th</sup> W. 4<sup>th</sup> St.

Remarks,



Mrs. Mary Inend

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50435

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 22nd / 91

4. Place of Birth, (Street and Number)

15 Congress St

5. Full Name of Mother,

Virginia Mitchell

6. Mother's Maiden Name,

Currell

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo. Washington Mitchell

9. Father's Occupation,

Truckman.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. Wright

Address,

169 N. Calumet St

Remarks, ...

that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *22<sup>nd</sup> 32<sup>nd</sup> ~~February~~ 1881*
4. Place of Birth, (Street and Number) *34 Forest St*
5. Full Name of Mother, *Mary Myers*
6. Mother's Maiden Name, *Mary Mills*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William Myers*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Myers*
- Address, *111 North St*
- Remarks, *Healthy Child*

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50437

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *17 male*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *collard*
3. Date of Birth, *March 29 1881*
4. Place of Birth, (Street and Number) *White st do 11*
5. Full Name of Mother, *sharp edward*
6. Mother's Maiden Name, *sharp ann*
7. Mother's Birthplace, *West river*
8. Full Name of Father, *george edward*
9. Father's Occupation, *carter*
10. Father's Birthplace, *emphig*
- Name of Medical Attendant, or other Person who make this Return. *Chellotby procto do 10 do 10*
- Address, *do 10 carter*
- Remarks,

I am, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 22 1881
4. Place of Birth, (Street and Number) 41 Glen Alley
5. Full Name of Mother, Laura Carnack
6. Mother's Maiden Name, Laura Harris
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Archibald Carnack
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mary Walter
- Address, 125 Caroline st.
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth September 22 1881
4. Place of Birth, (Street and Number) 255 Madison Avenue
5. Full Name of Mother Lithersine B. Knudsen
6. Mother's Maiden Name Lithersine B. Schwaner
7. Mother's Birthplace Germany
8. Full Name of Father Anders Knudsen
9. Father's Occupation clerk
10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return.

Mary Connor 153

Address Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 22 1881
4. Place of Birth (Street and Number) Abys Street No 35
5. Full Name of Mother Elizabeth Gorden
6. Mother's Maiden Name Elizabeth Snooks
7. Mother's Birthplace Baltimore
8. Full Name of Father William Gorden
9. Father's Occupation Wagon Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address No 10 Abys St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 22 1881*
4. Place of Birth (Street and Number) *Covington Street No 34*
5. Full Name of Mother *Elizabeth Brittingham*
6. Mother's Maiden Name *Elizabeth Higgins*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Brittingham*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Anderson*
- Address *No 10 Rhys Street*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *September 22<sup>nd</sup> 1881*

4. Place of Birth, (Street and Number) *Baltimore Burgundy Alley No 124*

5. Full Name of Mother, *Lidia Bunch*

6. Mother's Maiden Name, *Lidia Collison*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John P. Bunch*

9. Father's Occupation, *Cannemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Shaffer*

Address, *No 114 Bridgely Street*

Remarks, \_\_\_\_\_

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 1881
4. Place of Birth, (Street and Number) 118 S. Washington St. City Balto
5. Full Name of Mother, Annie Peters Barrons
6. Mother's Maiden Name, Annie Peters
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Barrons
9. Father's Occupation, Engineer on Tug Boat
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, osirity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

504411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.6 child  
female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 of September.  
No 53. Santa

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anne. Gougnot.  
" " Mor.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore  
Annie. Gougnot.  
Furniture Wagon.

8. Full Name of Father.

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Anne. Lindner.  
445 S. Main St.

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22 September
4. Place of Birth (Street and Number) 15 Patuxent St.
5. Full Name of Mother Jane Morgan
6. Mother's Maiden Name Cochran
7. Mother's Birthplace M. I. C.
8. Full Name of Father George W. Morgan
9. Father's Occupation Liquor Dealer
10. Father's Birthplace M. I. C.
- Name of Medical Attendant, or other Person who makes this Return. E. James Williams M.D.
- Address 17 Patuxent St.
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50446

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 September

4. Place of Birth, (Street and Number)

846 Pratt

5. Full Name of Mother,

Mari Butler

6. Mother's Maiden Name,

Lapern

7. Mother's Birthplace,

Bald Md

8. Full Name of Father,

John Butler

9. Father's Occupation,

grocer

10. Father's Birthplace,

Bald Md

Name of Medical Attendant, or other Person who makes the Return

Chas Dara Casper

Address,

72 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 22 1891*
4. Place of Birth, (Street and Number) *102 S Gilman St*
5. Full Name of Mother, *Ann Elizabeth Thorne*
6. Mother's Maiden Name, *Clark*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Hagan Thorne*
9. Father's Occupation, *Architect*
10. Father's Birthplace, *St. Louis, Mo*
- Name of Medical Attendant, or other Person who makes this Return, *W. H. Cooper M.D.*
- Address, *1112 E. Fayette St Baltimore*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept 22d 1881*
4. Place of Birth, (Street and Number) *156 S. Bittel St*
5. Full Name of Mother, *Rosalie Goettman*
6. Mother's Maiden Name, *Wanpau*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Goettman*
9. Father's Occupation, *Printer City*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*
- Address *120 Bannock St*
- Remarks



and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

30449

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 22<sup>d</sup> 1881
4. Place of Birth, (Street and Number) 516 3<sup>rd</sup> Canton Ave
5. Full Name of Mother, Josie Gebhart
6. Mother's Maiden Name, Castell
7. Mother's Birthplace, City
8. Full Name of Father, William Gebhart
9. Father's Occupation, Cuppper
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs Elizabeth Gatz  
or other Person who makes this Return
- Address, 205 Frank St
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

504.50

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22nd 89
4. Place of Birth, (Street and Number) # 234 S. Siltaw St
5. Full Name of Mother, Augusta Gishell
6. Mother's Maiden Name, " Muhl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Gishell
9. Father's Occupation, Stationary
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mary Hook  
or other Person who makes this Return
- Address, # 328 S. Siltaw St
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

50457

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 22<sup>nd</sup> 81.

4. Place of Birth, (Street and Number)

254 S. Charles. St.

5. Full Name of Mother,

Jennie Ehrhardt.

6. Mother's Maiden Name,

Eckhart.

7. Mother's Birthplace,

Balt. City.

8. Full Name of Father,

Geo. H. Ehrhardt.

9. Father's Occupation,

Paper Hanger.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who  
makes this Return.

R. J. N. Tall. M.D.

Address,

152 S. Sharp. St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 22nd Sept
4. Place of Birth, (Street and Number) 739 W. Myrtle St
5. Full Name of Mother Annie Hassell
6. Mother's Maiden Name Angie Delman
7. Mother's Birthplace Germany
8. Full Name of Father Martin Hassell
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Chas A. Messinger
- Address 615 Penna
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WITEN NAME ADDED 8-28-57  
RETURN OF A BIRTH.

50453

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

George Creamer Wilcox

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 22, 1881

4. Place of Birth (Street and Number)

152 N. Exeter St.

5. Full Name of Mother

Annie Wilcox

6. Mother's Maiden Name

Creamer

7. Mother's Birthplace

Maryland

8. Full Name of Father

Chas. D. Wilcox

9. Father's Occupation

Salesman

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Reggie Buckler

Address

135 N. Charles St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

504511

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 22<sup>d</sup> 1881
4. Place of Birth, (Street and Number) No 23 Ave - elderly st
5. Full Name of Mother Louisa Kaestner
6. Mother's Maiden Name Louisa Schmidt
7. Mother's Birthplace Balto
8. Full Name of Father August Kaestner
9. Father's Occupation Turner
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Lena Kaestner
- Address 82 E. Commersat - S
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 22nd*
4. Place of Birth (Street and Number) *No 228 East*
5. Full Name of Mother *Ellen Chance*
6. Mother's Maiden Name *" Murphy*
7. Mother's Birthplace *City*
8. Full Name of Father *Lucian Chance*
9. Father's Occupation *Steamboat Captain*
10. Father's Birthplace *West Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Branch M.D.*
- Address *1511 Hamilton St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50456

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Friday Sep. 23<sup>rd</sup> 1881
4. Place of Birth (Street and Number) No 18 Emory St. Balto. City
5. Full Name of Mother M<sup>rs</sup> Annie O'Rourke
6. Mother's Maiden Name Stynes
7. Mother's Birthplace Charleston to Car.
8. Full Name of Father Lake O'Rourke
9. Father's Occupation Porter
10. Father's Birthplace Ref. H. Forrell M.D.
- Name of Medical Attendant, or other Person who makes this Return. 87 Franklin St.
- Address
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. As to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth September 23<sup>rd</sup>

4. Place of Birth (Street and Number) Rabarge st No 175

5. Full Name of Mother Isabella Batson

6. Mother's Maiden Name Isabella Gipson

7. Mother's Birthplace Annamarumde County

8. Full Name of Father Eliexander Batson

9. Father's Occupation publicks. Worker

10. Father's Birthplace Eastern shore

Name of Medical Attendant, or other Person who makes this return Mrs Harriet Gipson

Address Chestnut Alley No 52

Remarks \$ 5 dollars

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

50458



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

Sex (state whether Male or Female)

Male

Race or Color (if not of the white race)

White

Date of Birth

Sept. 23rd

Place of Birth (Street and Number)

75 Purcell St

Full Name of Mother

Philomena Helfrich

Mother's Maiden Name

Lang

Mother's Birthplace

Balto City

Full Name of Father

Gonrad Helfrich

Father's Occupation

Antiquary

Father's Birthplace

Balto City

Name of Medical Attendant,

or other Person who makes this Return.

H. F. Hill M.D.

Address

361 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *sep 23*
4. Place of Birth, (Street and Number) *City Lodge St*
5. Full Name of Mother, *Mellie James*
6. Mother's Maiden Name, *Mellie James*
7. Mother's Birthplace, *Norfolk Va*
8. Full Name of Father, *John James*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Norfolk Va*
- Name of Medical Attendant, or other Person who makes this Return. *John Lee James*
- Address, *1111 North St*
- Remarks, *Stillborn child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50460

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *sep 23*
4. Place of Birth, (Street and Number) *18 sep. alley*
5. Full Name of Mother, *Annin Dorathy*
6. Mother's Maiden Name, *Annin Starke*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *James Dorathy*
9. Father's Occupation, *waiter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *per Dr. Johnson*
- Address, *no 18 short st*
- Remarks, *Healthy Child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Sept 23/81

4. Place of Birth, (Street and Number).....

108 Presby St

5. Full Name of Mother,.....

Mary Schulten

6. Mother's Maiden Name,.....

" Duadr

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

John Schulten

9. Father's Occupation,.....

Lawyer

10. Father's Birthplace,.....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Drake

Address,

16 E. Calvert St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept. 23rd 1881*
4. Place of Birth, (Street and Number) *No. 1 McEldery st.*
5. Full Name of Mother, *Fanny Maselowski*
6. Mother's Maiden Name, *Sigel*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Isaac Maselowski*
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this return. *Mrs. C. Bernstein*
- Address, *1136 Lombard st.*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

571463

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept. 26<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Cor. Center and Fayette St.*
5. Full Name of Mother, *Mary Debrowsky*
6. Mother's Maiden Name, *Seiman*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Seb. Debrowsky*
9. Father's Occupation, *Bedder*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, *or other Person who makes this return* *Wm. C. Deane, M.D.*
- Address, *1136 Lombard St.*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

304611  
(over)

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Name of child: *Ellsworth D. Sheppard*  
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *September 23rd 1881*  
 4. Place of Birth (Street and Number) *588 W. Lombard St.*  
 5. Full Name of Mother *Mrs. Caroline Sheppard*  
 6. Mother's Maiden Name *Douglass*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *James W. Sheppard*  
 9. Father's Occupation *Gas fitter & plumber*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *Wm. Murray*  
 Remarks *308 W. Fayette St.*





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



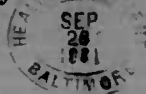
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 23 1881*
4. Place of Birth (Street and Number) *West St No 30*
5. Full Name of Mother *Laura Poole*
6. Mother's Maiden Name *Laura Summerton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Richard Poole*
9. Father's Occupation *Boiler maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
- Address *No 10 Boys street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 23 1881
4. Place of Birth, (Street and Number) 257 Wall Street
5. Full Name of Mother Margaret Cherry
6. Mother's Maiden Name Margaret South
7. Mother's Birthplace England
8. Full Name of Father James H. Cherry
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mary corner 158
- Address Collington Avenue
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 23<sup>rd</sup> 1881

4. Place of Birth, (Street and Number) Baltimore, Bartlett St No 17

5. Full Name of Mother, Hannah. Elinor

6. Mother's Maiden Name, Day da

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John. Elinor

9. Father's Occupation, Stone Mason

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. G. M. O'Connell

Address, No. 38 Parker St

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 23<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) No 43 N. Wolfe St.
5. Full Name of Mother Mrs. Mary Ellenora Roach
6. Mother's Maiden Name Miss Mary E. Price
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Wm. Roach
9. Father's Occupation Pyrotechnist
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Lindinen M.D.
- Address No. 102 N. Broadway
- Remarks \_\_\_\_\_

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 23, 1881.
4. Place of Birth, (Street and Number) No. 119 South High St.
5. Full Name of Mother Joan
6. Mother's Maiden Name Mannah Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael W. Mean
9. Father's Occupation Musician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.
- Address No. 5 Franklin St.
- Remarks \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

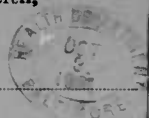


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *23 September*
4. Place of Birth, (Street and Number) *283 E Pratt*
5. Full Name of Mother, *Elise Jason*
6. Mother's Maiden Name, *Michel*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Pat Jason*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Chas Para Casper*
- Address, *72 E Lombard*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept 23<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *40 278 S Bond St*
5. Full Name of Mother, *Mollie Kimmel*
6. Mother's Maiden Name, *" Shuler*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Charles Kimmel*
9. Father's Occupation, *Sugar maker*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Beck*
- Address, *126 Bank St*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

504173

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

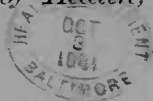


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23<sup>rd</sup>, 1881
4. Place of Birth, (Street and Number) 407 Linden St
5. Full Name of Mother, Julia Brantlett
6. Mother's Maiden Name, Julia Garland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edw. L. Brantlett
9. Father's Occupation, Manufacturing
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, E. W. L. Brantlett  
or other Person who makes this Return
- Address, 1212 Linden St
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second  
Male  
White  
Sept 23 d 1881  
161 Townsend St  
Mary Ida  
Rhodes  
Balt  
Thomas Alexander Noakes  
Junior  
Winchester Va  
Edw C Price M.D.  
262 Madison Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Color
3. Date of Birth Sept 23 '91
4. Place of Birth (Street and Number) Balt - Russell St 69
5. Full Name of Mother Jeannett Whily
6. Mother's Maiden Name Gorell
7. Mother's Birthplace Balt
8. Full Name of Father John Whily
9. Father's Occupation Driver
10. Father's Birthplace Richmond Va
- Name of Medical Attendant, or other Person who makes this return Charles Brooks
- Address 210 Warner St
- Remarks Its coming well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *November 23<sup>rd</sup> 1881*
4. Place of Birth (Street and Number) *118 St. Peter St.*
5. Full Name of Mother *Charles M. Brown*
6. Mother's Maiden Name *Henry*
7. Mother's Birthplace *San Antonio County, Tex.*
8. Full Name of Father *George M. Brown*
9. Father's Occupation *Inspector of Customs*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Brown*
- Address *343 W. Lombard St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

504477

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

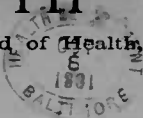
Remarks,

White  
Sept 23<sup>rd</sup> 1881  
646 W. Baltimore St  
Elizabeth Jane Scott  
Dorothy Co. Baltimore Md  
Corbin Frank  
Engineer  
Baltimore Co. Md  
A. J. Spencer  
381 N. Lombard St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 23<sup>rd</sup> 1891*

4. Place of Birth, (Street and Number) *348 Disque St*

5. Full Name of Mother, *Mary Treckman*

6. Mother's Maiden Name, *Mary Sater*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Treckman*

9. Father's Occupation, *Coachman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Edas W. Hunter M.D.*

Address, *36 Government Ave.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6<sup>th</sup> 30<sup>m</sup> A.M. 24th September, 1891.*
4. Place of Birth (Street, and Number) *771 N. Pratt St. Baltimore, Maryland*
5. Full Name of Mother *Mary Jane Burke*
6. Mother's Maiden Name *Mary Jane McPhail*
7. Mother's Birthplace *Baltimore, Maryland.*
8. Full Name of Father *Charles Edwin Burke*
9. Father's Occupation *Moulder at B. & O. R.R. Shops*
10. Father's Birthplace *Baltimore, Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. J. North, M.D.*
- Address *236 N. Howard St*
- Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50480

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3) 2nd

1. Sex (state whether male or female).

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 24th 1881

4. Place of Birth (Street and Number)

77 S. Calverton Ave

5. Full Name of Mother

Eugenia E. L. L. L.

6. Mother's Maiden Name

Brady

7. Mother's Birthplace

Ward Hill

8. Full Name of Father

John V. L. L.

9. Father's Occupation

Book Keeper

10. Father's Birthplace

Bald Mt

Name of Medical Attendant, or other Person who makes this Return.

P. L. M. L.  
77 S. Brady

Address

Remarks

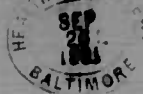




"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *September 24th 1881.*
4. Place of Birth, (Street and Number) *29 Lancaster St.*
5. Full Name of Mother, *Sophia Ebert.*
6. Mother's Maiden Name, *Sophia Crandling.*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *John Ebert.*
9. Father's Occupation, *laborer.*
10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

*Mrs. Mary Amend.*

*632 Holl St*

*V to*

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50482

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. September 24<sup>th</sup> 1881.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 24<sup>th</sup> 1881.

4. Place of Birth, (Street and Number) 423 Olive Ann St.

5. Full Name of Mother, Carolina Michelmann.

6. Mother's Maiden Name, Carolina Schluerber.

7. Mother's Birthplace, America.

8. Full Name of Father, Charles Michelmann.

9. Father's Occupation, House Carpenter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, No. 137 N. 4<sup>th</sup> St.

Remarks, 2/11



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50483

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4<sup>th</sup>
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24<sup>th</sup> September
4. Place of Birth, (Street and Number) 55 Grandly St
5. Full Name of Mother, Gerese W. Schwinin Bofin
6. Mother's Maiden Name, Schwinin
7. Mother's Birthplace, Germany
8. Full Name of Father, William Behn
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Supra Simon
- Address, No 70 Grandly St
- Remarks.

50484

*To the Office of Registrar of Vital Statistics, Board of Health.*

## BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth born on the 24<sup>th</sup> of Sep. 1881  
 4. Place of Birth, (Street and Number) 4 Calverton Road  
 5. Full Name of Mother Mary Haase  
 6. Mother's Maiden Name M. Bamberger  
 7. Mother's Birthplace born in Sessfeld Germany  
 8. Full Name of Father Georg Haase  
 9. Father's Occupation Worker  
 10. Father's Birthplace born in Sachsen Germany  
 Name of Medical Attendant, or other Person who makes this Return. Miss. Miller  
 Address 1017 W. Pratt St.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50485

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *September 24*
4. Place of Birth, (Street and Number) *716 Church St*
5. Full Name of Mother, *Mary Eliza*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Thomas*
8. Full Name of Father, *John*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Easton Shore Md*
- Name of Medical Attendant, *Dr. J. H. Harrison*  
or other Person who makes this Return.
- Address, *416 W. Church St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant,

or other Person who  
takes this Return.

Address

Remarks

10456  
Fifth (5)  
Female  
White  
September 24, 1881  
S. W. Cor. Orleans & Bond St.  
Mrs. Catharine Fuhrer  
Mrs. Catharine Backel  
Germany  
Mr. Elias Fuhrer  
Shoemaker  
Germany  
Mr. Helendine m. D.  
No. 102 N. Bivannay

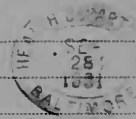
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50487

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24 1881
4. Place of Birth, (Street and Number) 161 W. Lombard St. (Maternity)
5. Full Name of Mother, Ella Bevard
6. Mother's Maiden Name, "Bach. Leo."
7. Mother's Birthplace, Prussia
8. Full Name of Father, William
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this return L. L. Bittin, M.D.
- Address, Resident Physician at Maternity
- Remarks, Illegitimate. R.O.D. Post-Forceps- Ruptured Patient "rump" backed for years. Deformed Pelvis



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50488

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1

1. Sex, (state whether male or female) ..... *Male*

2. Race or Color, (if not of the white race) ..... *White*

3. Date of Birth, ..... *Sep 24 - 1881*

4. Place of Birth, (Street and Number) .....

5. Full Name of Mother, ..... *Mrs Lizzie Rouse*

6. Mother's Maiden Name, ..... *New York. N.Y.*

7. Mother's Birthplace, ..... *New York*

8. Full Name of Father, .....

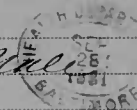
9. Father's Occupation, .....

10. Father's Birthplace, ..... *L. L. Bitting M.D.*

Name of Medical Attendant, or other Person who makes this Return ..... *Maternity Hospital*

Address ..... *Patent in later 48 hrs*

Remarks, ..... *Proper No rupture - R. O. L. Cut -*





advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) .....

*Female*

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

*September 24 1881*

4. Place of Birth, (Street and Number) .....

*Baltimore Cross St. No. 438*

5. Full Name of Mother, .....

*Caroline Renoff*

6. Mother's Maiden Name, .....

*Caroline Leahr*

7. Mother's Birthplace, .....

*Germany*

8. Full Name of Father, .....

*Frederick Renoff*

9. Father's Occupation, .....

*Shoemaker*

10. Father's Birthplace, .....

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return .....

*Wm. M. Shaffer*

Address, .....

*No 114 South Ridgely St*

Remarks, .....

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50490

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

234 Light St

5. Full Name of Mother,

Elly Schott

6. Mother's Maiden Name,

Mary Bernhart

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Schott

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore G. K. M.D.

Address,

146 Llaner St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50491

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

24 Sept 1881  
211 Henry St. S.W.  
Susan Ruppert  
Susan Hillman  
Washington D.C.  
John C. Ruppert  
A. Ruppert  
Do not know it is on the case  
a woman Lady  
211 Gen St.  
mum

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50492

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 24<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Highland Town*
5. Full Name of Mother, *Louisa Jeff Schudenberg*
6. Mother's Maiden Name, *Louisa Jeff*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Schudenberg*
9. Father's Occupation, *Salter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return *Mrs Mary E. Luning*
- Address, *171 South Washington St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50493

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 21<sup>st</sup> 1881

4. Place of Birth, (Street and Number) 216 Eastern St Baltimore City

5. Full Name of Mother, Christina Hermsdörfer Vider

6. Mother's Maiden Name, C. Hermsdörfer

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Vider

9. Father's Occupation, Yeoman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 24. 81*
4. Place of Birth, (Street and Number) *No. 180. Copley st*
5. Full Name of Mother, *Caroline Lydloff*
6. Mother's Maiden Name, *Rustke*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Lydloff*
9. Father's Occupation, *Beer Waker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Getzke*
- Address, *No. 55 S. Bond st*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50495

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Septbr. 24, 1891.*

4. Place of Birth, (Street and Number) *S. Sharp St. No. 237.*

5. Full Name of Mother, *Elise Blum*

6. Mother's Maiden Name, *Elise Rasche*

7. Mother's Birthplace, *Leyersack, P. Prussen. Germany.*

8. Full Name of Father, *Heinrich Blum*

9. Father's Occupation, *Cabinet-maker*

10. Father's Birthplace, *Leyersack, P. Prussen, Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *W. Dallas St. No. 237.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50496

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *24 of September*
4. Place of Birth, (Street and Number) *61 Harrison St*
5. Full Name of Mother, *Eva Osterberg*
6. Mother's Maiden Name, *Eva Rosenbush*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Osterberg*
9. Father's Occupation, *Butter Dealer*
10. Father's Birthplace, *New York State*
- Name of Medical Attendant, or other person who makes this Return *Mrs Rice*
- Address, *No 26, E. Lexington St Baltimore*
- Remarks, \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept 24<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *81.5 Fayette St*  
 5. Full Name of Mother *Mary Ann Haurahan*  
 6. Mother's Maiden Name *Pellard*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *John Haurahan*  
 9. Father's Occupation *Wright*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *W. Doherty M.D.*  
 Address *#86.5 Fayette St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50498

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep. 24th 1881.*
4. Place of Birth (Street and Number) *Balto city No 139. East Madison*
5. Full Name of Mother *Maggie Brown*
6. Mother's Maiden Name *Maggie Reinhart.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Henry Brown.*
9. Father's Occupation  *Sailor.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Miller Midwife*
- Address *No 5 Walker st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50499

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep 24/81*
4. Place of Birth (Street and Number) *No. 1900 Fenton. Ave*
5. Full Name of Mother *Mrs. M. Lamb*
6. Mother's Maiden Name *Mrs. M. Roberts*
7. Mother's Birthplace *Burlington. Vt.*
8. Full Name of Father *Rev. Matthews. Lamb*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Laurel. Md.*
- Name of Medical Attendant, or other Person who made this Return. *Thomas Shearer M.D.*
- Address *97 St. Charles St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 24 September
4. Place of Birth, (Street and Number) 16 Concord
5. Full Name of Mother, Ellen Brown
6. Mother's Maiden Name, Stevenson
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Brown
9. Father's Occupation, Shipmaster
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs Para Casper
- Address 72 Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50501

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 24th 1881*
4. Place of Birth (Street and Number) *St. W. Con. Parish & St. Henry*
5. Full Name of Mother *Julia Childs*
6. Mother's Maiden Name *Julia Sewell*
7. Mother's Birthplace *Balt. - Md*
8. Full Name of Father *Edmund Childs*
9. Father's Occupation *Broker*
10. Father's Birthplace *Balt. - Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. F. Larkin M.D.*
- Address *768 W. Pratt St.*
- Remarks *Natural Labor*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



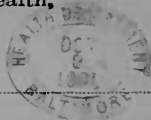
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth 24th Sept. /91
4. Place of Birth, (Street and Number) 340 Hamburg
5. Full Name of Mother Mary Conner
6. Mother's Maiden Name Boyle
7. Mother's Birthplace Ireland
8. Full Name of Father John Conner
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. W. McEster, M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50503

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 24<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 193 S. E. Ave. to
5. Full Name of Mother, Louise Cushing
6. Mother's Maiden Name, Harmon
7. Mother's Birthplace, City
8. Full Name of Father, James Cushing
9. Father's Occupation, Ship Smith
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Pety
- Address 120 Pratt St.
- Remarks \_\_\_\_\_

50504

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

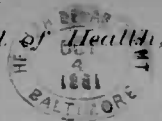
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *24th of September*
4. Place of Birth, (Street and Number) *400 Greenmount ave.*
5. Full Name of Mother, *Sarah Taylor*
6. Mother's Maiden Name, *Ballinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Taylor*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *John L. L. L. L.*
- Address, *St. Catharine St.*
- Remarks, \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th Sept. 1881*

4. Place of Birth, (Street and Number) *169 Fairmount Ave.*

5. Full Name of Mother, *Ella Goldsborough Muir*

6. Mother's Maiden Name, *Drafter*

7. Mother's Birthplace, *Solbert Co. Md.*

8. Full Name of Father, *George Proctor Muir*

9. Father's Occupation, *House Carpenter*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return. *E. P. Jones M.D.*

Address, *375 E. Balto. St.*

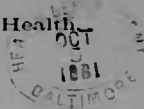
Remarks,

Correct records of vital statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~whether male or female~~)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

24<sup>th</sup> Sept 1881

4. Place of Birth, (Street and Number)

779 N. Lombard St

5. Full Name of Mother,

Josephine Lethgo

6. Mother's Maiden Name,

Carney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Emmanuel Lethgo

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo. W. L. M.D.  
#1 Waverley Terrace

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) W  
 3. Date of Birth Sept 24 11 1881  
 4. Place of Birth (Street and Number) Raids Hotel corner Balt & Penn  
 5. Full Name of Mother Sadie Brown  
 6. Mother's Maiden Name Sadie Day  
 7. Mother's Birthplace Hanford Ct Md  
 8. Full Name of Father William Brown  
 9. Father's Occupation Farmer  
 10. Father's Birthplace Baltimore Ct Md  
 Name of Medical Attendant, or other Person who makes this Return. E. O. Wiley M.D.  
 Address 154 Madison Street  
 Remarks

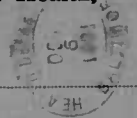
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50508

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 24/91

4. Place of Birth, (Street and Number) 170 Rowe Str

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Betty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louis C Kraft

Address. 236 Canton Ave

Remarks.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50509

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th -
1. Sex (state whether Male or Female) Female -
2. Race or Color (if not of the white race) White -
3. Date of Birth September 24th - 1881 -
4. Place of Birth (Street and Number) No. Townsend St -
5. Full Name of Mother Lucy -
6. Mother's Maiden Name Wickler -
7. Mother's Birthplace Montgomery Ala. -
8. Full Name of Father James Cahay -
9. Father's Occupation Clerk -
10. Father's Birthplace Ireland -
- Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith - No. 8 -
- Address " -
- Remarks Harlem Ave. and Calhoun St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or interfere at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female). *female*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *25 Sept 1881*
  - Place of Birth, (Street and Number) *144 Chestnut St Baltimore City*
  - Full Name of Mother, *Lena Berkes* *not married*
  - Mother's Maiden Name, *Lena Berkes*
  - Mother's Birthplace, *Germany*
  - Full Name of Father, *John Berger*
  - Father's Occupation, *Labourer*
  - Father's Birthplace, *Germany*
- Name of Medical Attendant, *Mrs Henry E. Seim*  
or other Person who makes this Return.
- Address, *171 N. Washington Street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50511

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *23rd September*
4. Place of Birth, (Street and Number) *115, Pennsylvania St.*
5. Full Name of Mother, *Belie Hartie*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hartie*
9. Father's Occupation, *Water*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *Angelina Miller*
- Address, *191 Maryland St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50512

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th September*
4. Place of Birth, (Street and Number) *193. Warner St.*
5. Full Name of Mother, *Minnie Dragg*
6. Mother's Maiden Name, *" Sheekels*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Dragg*
9. Father's Occupation, *Glass Blower*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. Williams*
- Address, *194 Warner St.*
- Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth,
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name,
  7. Mother's Birthplace,
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Male.

White.

September 25<sup>th</sup> 1881.

Port Alley 3<sup>rd</sup> door S. of Canton St.

Mrs. Mary Roby.

Miss Mary Burgett.

Baltimore City.

Charles Roby.

Laborer

Baltimore City.

Mrs. Rachel H. Garrett.

No 65 Burke Street.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50514

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th September
4. Place of Birth, (Street and Number) House St. Peabody St.
5. Full Name of Mother, Mary Ann
6. Mother's Maiden Name, Mary Bradenham
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Joseph Keen
9. Father's Occupation, Laborer
10. Father's Birthplace, New Jersey
- Name of Medical Attendant, or other person who makes this Return, Joseph Keen
- Address, 1111 1/2 St.
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

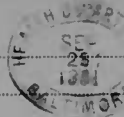
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50515

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25 - 81
4. Place of Birth, (Street and Number) 115 N. Lombard, (Maternity)
5. Full Name of Mother, "Daisy" Morris
6. Mother's Maiden Name, "
7. Mother's Birthplace, York Co., Penna
8. Full Name of Father, Wetherman
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, L. L. Bittling, M.D.  
or other Person who makes this Return
- Address, Maternity Hospital
- Remarks, Legitimate - D.O.B. Rub. Rupture



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50516

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.  
 1. Sex (state whether male or female) Male.  
 2. Race or Color, (if not of the white race) White.  
 3. Date of Birth September 25th 1881.  
 4. Place of Birth, (Street and Number) 307 Gough St  
 5. Full Name of Mother Ellen Jane Pumbleson  
 6. Mother's Maiden Name " " Cumming  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father Wm H Pumbleson  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. D W Cathell M.D.  
 Address 2 N Broadway  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4. 1.

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

25. of September 1881.

4. Place of Birth (Street and Number)

at 17 St. Abbott St. Balto.

5. Full Name of Mother

Anna Parourek

6. Mother's Maiden Name

etc. Wolk

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Peter Parourek

9. Father's Occupation

Laborer.

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Kateryna Parourek

Address

at 41 St. Abbott St. Balto.

Remarks

Born Live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether Male or Female) *female child*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Sunday 25*
4. Place of Birth (Street and Number) *Balden Street 18*
5. Full Name of Mother *Rachel Nelson*
6. Mother's Maiden Name *Single no husband*
7. Mother's Birthplace *Eastern Shore, Md*
8. Full Name of Father *Baseford baby*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this return *Catharine Jones*
- Address *No 2 Spring garden avenue*
- Remarks *X*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50519

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Sept.
4. Place of Birth, (Street and Number) 261 E. Durham
5. Full Name of Mother, Maria Práák
6. Mother's Maiden Name, Kaiser
7. Mother's Birthplace, Nor Bohemia
8. Full Name of Father, Josyf Práák
9. Father's Occupation, Tailor
10. Father's Birthplace, Nor Bohemia
- Name of Medical Attendant, or other Person who makes this Return Josefina Kowid
- Address 40 Barnes St.
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50590

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6<sup>th</sup>
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept- 25<sup>th</sup> - 1881
4. Place of Birth (Street and Number) 238 N. Broadway
5. Full Name of Mother Beelia Russell
6. Mother's Maiden Name Hall
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. L. Russell
9. Father's Occupation Physician
10. Father's Birthplace St. Charles County Maryland
- Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell
- Address Broadway 238 N. 4<sup>th</sup>
- Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50521

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Sept. 25<sup>th</sup>, 1881.*
4. Place of Birth, (Street and Number) *275 William St.*
5. Full Name of Mother, *Katherine Turner.*
6. Mother's Maiden Name, *H. Ash.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *James Turner.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ash.*
- Address, *107 Johnson St.*
- Remarks, *107 Johnson St.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50522

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 25 1881

4. Place of Birth, (Street and Number) No 16 Spalding Street

5. Full Name of Mother, Annie Winch

6. Mother's Maiden Name, " Klinger

7. Mother's Birthplace, Baden

8. Full Name of Father, Louis Winch

9. Father's Occupation, Cooper

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return.

Wm. E. Schmitt No. 528 South Avenue

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50523

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 25-91

4. Place of Birth, (Street and Number)

41 James alley

5. Full Name of Mother,

Kathina B. Thompson

6. Mother's Maiden Name,

Kathina Youngman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ludwig Bruma

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Wm. Meacham

Address,

148 N. Ches

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

505211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sep 25/91*

4. Place of Birth (Street and Number) *No. 514 Carey St*

5. Full Name of Mother *Louisa Cook*

6. Mother's Maiden Name *Louisa Coates*

7. Mother's Birthplace *Philadelphia Pa*

8. Full Name of Father *Mo. Sheun Cook*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Baeto. City*

Name of Medical Attendant, or other Person who makes this return.

Address *No. 97 W. Charles St*

Remarks *Thomas Sheun M.D.*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 25, 1891*

4. Place of Birth, (Street and Number) *N. Dallas St. 1929*

5. Full Name of Mother, *Mary White*

6. Mother's Maiden Name, *Mary Lutz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Vicinius White*

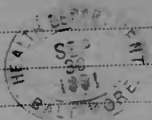
Father's Occupation, *Laborer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mary E. Miller*  
or other Person who makes this Return

Address, *N. Dallas St. 1929*

Remarks.



# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

50526

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April, 25, 1891.*

4. Place of Birth, (Street and Number) *E. Bond St. No. 141*

5. Full Name of Mother, *Sophia Laupus*

6. Mother's Maiden Name, *Sophia Maiermiller*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Henry Laupus*

9. Father's Occupation, *Salon Keeper*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return

Address, *175 Bond St. No. 24*

Remarks.

*Mary C. Muller*

of the mother of such child or children.  
 Maiden name  
 of the father



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 25<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

128 Mosher St.

5. Full Name of Mother

William Hanna Leak

6. Mother's Maiden Name

William Hanna Stanberry

7. Mother's Birthplace

Manchester Carroll Co. Md.

8. Full Name of Father

William G. Stanberry

9. Father's Occupation

Tailor

10. Father's Birthplace

Manchester Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this return.

J. Bacon M.D.

Address

Cor. Apple Ave & Mosher St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25<sup>th</sup> Day of Sep. 1881*
4. Place of Birth, (Street and Number) *22 Schroder St.*
5. Full Name of Mother, *Sarah A. Smith*
6. Mother's Maiden Name, *Sarah A. Wheeler*
7. Mother's Birthplace, *Spotsylvania Co. Va.*
8. Full Name of Father, *Christian M. Smith*
9. Father's Occupation, *Coal and Cork*
10. Father's Birthplace, *Baltimore & Maryland*
- Name of Medical Attendant, *or other Person who makes this Return. Virginia. Wheeler*
- Address, *Baltimore Health Department*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

No 1  
Male  
White  
Sept 25th  
149 E Biddle St  
Catherine Quinn  
Catherine Sharkey  
Ireland  
Peter Quinn  
Driver  
Maryland.

Wm. Whiting

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50531

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Birth

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 25 September

4. Place of Birth, (Street and Number) East Street No 45

5. Full Name of Mother Anna Schuett

6. Mother's Maiden Name " " Schuettler

7. Mother's Birthplace Baltimore

8. Full Name of Father Johan Schuett

9. Father's Occupation Latner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Bank Street No 145

Address \_\_\_\_\_

Remarks Mrs Maurer

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 25/81*
4. Place of Birth, (Street and Number) *1379 Lexington St*
5. Full Name of Mother, *Amie Catherine Meyer*
6. Mother's Maiden Name, *Brill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry William August Meyer*
9. Father's Occupation, *Bank Teller*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Rogers M.D.*
- Address, *1700 Myrtle & Calverton Sts*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 25/81*
4. Place of Birth, (Street and Number) *1283 Hollins St*
5. Full Name of Mother, *Sarah Ellen Keller*
6. Mother's Maiden Name, *Sheekles*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Henry Herman Keller*
9. Father's Occupation, *Foreman at Bayward & Co. Works*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *J. H. Keller*
- Address, *2710 N. Hollins St Baltimore*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



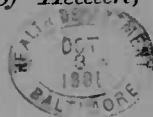
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) Sept 25th 1881  
 3. Date of Birth, 148 Bank St  
 4. Place of Birth, (Street and Number) Mary Brown  
 5. Full Name of Mother, City  
 6. Mother's Maiden Name, Dayle  
 7. Mother's Birthplace, Liberia  
 8. Full Name of Father, City  
 9. Father's Occupation, Mrs Elizabeth  
 10. Father's Birthplace, 20 Bank St  
 Name of Medical Attendant, or other Person who makes this Return  
 Address.  
 Remarks,

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

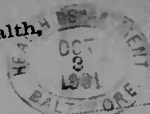


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th
1. Sex, (state whether ~~male~~ or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Sept. 25, 1891
4. Place of Birth, (Street and Number)..... Stanton St. No. 374
5. Full Name of Mother,..... Mary Buchanan
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... Baltimore, Maryland
8. Full Name of Father,..... William Buchanan
9. Father's Occupation,.....
10. Father's Birthplace,..... Baltimore, Maryland
- Name of Medical Attendant, or other Person who make this Return..... Wm. J. Buchanan
- Address,.....
- Remarks,.....



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d  
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Sept 25 4 81

3. Date of Birth,

4 280 Cross St

4. Place of Birth, (Street and Number)

Emma Mitchel

5. Full Name of Mother,

Mrs. Mitchel  
Baltimore

6. Mother's Maiden Name,

John Mitchel

7. Mother's Birthplace,

Can make

8. Full Name of Father,

Baltimore

9. Father's Occupation,

Mary Brook

10. Father's Birthplace,

f Entaw St

Name of Medical Attendant, or other Person who makes this Return

4 328

Address.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

**Exact regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



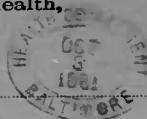
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st,*  
 1. Sex (state whether Male or Female) *Female,*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *Sunday Sept. 25th. 1887.*  
 4. Place of Birth (Street and Number) *108 Hillen St.,*  
 5. Full Name of Mother *Mary High*  
 6. Mother's Maiden Name *Mary McAlister.*  
 7. Mother's Birthplace *Baltimore Md.*  
 8. Full Name of Father *Frank High.*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Nowsonville, Balto Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return *Wilmer Brimlow, M.D.,*  
 Address *25 1/2 Streetmont Ave*  
 Remarks *'Vertex Presentation'*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57537

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 25 - 1881

4. Place of Birth, (Street and Number)

75 Lee St

5. Full Name of Mother,

Emma Jane Brashers

6. Mother's Maiden Name,

Emma Jane Thornton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Clayton Brashers

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

D. J. Kittenberger

Address

612 E. Lombard St

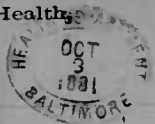
Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male,*
2. Race or Color, (if not of the white race) *1*
3. Date of Birth, *25th of September*
4. Place of Birth, (Street and Number) *83. Warner St.*
5. Full Name of Mother, *Anna Dahlmer.*
6. Mother's Maiden Name, *Anna Reinhardt*
7. Mother's Birthplace, *Bremen Germany*
8. Full Name of Father, *Fredrick Dahlmer*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Knielingen Germany*
- Name of Medical Attendant, or other Person who makes this Return *Frederick M. M. M.*
- Address, *1. S. S. S. S.*
- Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50539

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25<sup>th</sup> Sept. 1887*
4. Place of Birth, (Street and Number) *Baltimore Thomas St No 66*
5. Full Name of Mother, *M. Envey*
6. Mother's Maiden Name, *Mathinna Boye*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Mathias Envey*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mary Koplik*
- Address, *29 Washington St*
- Remarks, *Mary Koplik*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25<sup>th</sup> Sept. 1881*

4. Place of Birth, (Street and Number) *Batic Schapple St No 510*

5. Full Name of Mother, *Josephine Remonda*

6. Mother's Maiden Name, *Josephine Beran*

7. Mother's Birthplace, *Potsdam*

8. Full Name of Father, *Geo. Remonda*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Potsdam*

Name of Medical Attendant, or other Person who makes this Return *Marg Koptel*

Address, *19 1/2 Washington*

Remarks, *Marg Koptel*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

30541

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)....

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 Sept 1881

4. Place of Birth, (Street and Number)

408 West St

5. Full Name of Mother,

Barbara Mercer

6. Mother's Maiden Name,

Barbara Reisside

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Reisside

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Magarano

Address,

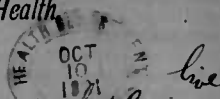
Russell St 40

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the mother and child is a*
1. Sex (state whether Male or Female) *it is a Boy*
2. Race or Color (if not of the white race) *colord*
3. Date of Birth *Born Sep 25*
4. Place of Birth (Street and Number) *154 1/2 South Baltimore*
5. Full Name of Mother *Josephine Pierce*
6. Mother's Maiden Name *Josephine Bole*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Willen Bole*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Dunsken*
- Address *122 North Dallas*
- Remarks *Not sent anyanner the mid wife was sick*



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24

4. Place of Birth, (Street and Number) Cross St. 520

5. Full Name of Mother, Elizabeth C. Smith

6. Mother's Maiden Name, John Smith

7. Mother's Birthplace, Elizabeth C. Stanger

8. Full Name of Father, Baltimore

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return Catherine Steebach

Address West Pratt St 439

Remarks

That any Physician, accoucheur, midwife, or other person  
 advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
 born, as to their physical condition, whether still-born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

not during well

pt  
 Male  
 White -  
 September 25-1881  
 105 - N Eder  
 Emma Evans  
 White  
 " Balto -  
 Mr. Evans -  
 Carrying  
 Balto -

D. Street M.D.

143 N Eder

Q. O. I. A - labor 12 hrs - forceps applied -

not during well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *24*
- Sex, (state whether male or female) *Female*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *22 Sept*
  - Place of Birth, (Street and Number) *1214 Cedar*
  - Full Name of Mother, *Elizabeth Rosenberg*
  - Mother's Maiden Name, *Wittenrich*
  - Mother's Birthplace, *Germany*
  - Full Name of Father, *Joseph Rosenberg*
  - Father's Occupation, *Bricklayer*
  - Father's Birthplace, *Balto*
  - Name of Medical Attendant, or other Person who makes this Return, *Josephine Roman*
  - Address, *20 Barnard St*
  - Remarks,

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth. *Sept 25 - 1881*

4. Place of Birth (Street and Number) *86 Enzor St -*

5. Full Name of Mother *Mary Shaney*

6. Mother's Maiden Name *" Linhard*

7. Mother's Birthplace *Balto -*

8. Full Name of Father *Joseph Shaney*

9. Father's Occupation *Custom House*

10. Father's Birthplace *Balto -*

Name of Medical Attendant, or other Person who makes this Return. *George Rymer*

Address *Calvert Monument -*

Remarks *This was thought to have been sent in to Health Office*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 50547

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 125

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July-24-1881

4. Place of Birth, (Street and Number) No 1786 Monument St

5. Full Name of Mother Lizzie Garrison

6. Mother's Maiden Name Lizzie Harding

7. Mother's Birthplace Ireland

8. Full Name of Father Terence Lannon

9. Father's Occupation Wagoner

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Garrison

Address 1026 Monument St

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

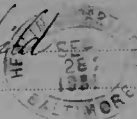
# RETURN OF A BIRTH

50348

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 26<sup>th</sup> 81

4. Place of Birth, (Street and Number)

16 1/2 Fulton St

5. Full Name of Mother,

Margaret Powers

6. Mother's Maiden Name,

Egg

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Bauer

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schmasser midwife

Address,

330 Barclay St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50549

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept 26 1881*
4. Place of Birth, (Street and Number) *114 1/2 Marshall St.*
5. Full Name of Mother, *Florence Scherdlor*
6. Mother's Maiden Name, *Scherdlor*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Scherdlor*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Scherdlor midwife*
- Address, *330 Hanover St.*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 26<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Bartlett St. No. 6

5. Full Name of Mother, Mary Barns

6. Mother's Maiden Name, Hardy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Brice Barns

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50551

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 28/81

4. Place of Birth, (Street and Number)

No. 219 Preston St

5. Full Name of Mother,

Kate Freshline

6. Mother's Maiden Name,

Hatline

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Michael Freshline

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address,

No. 112 N. Greene

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26 of September*

4. Place of Birth, (Street and Number) *No 23 Beacon St*

5. Full Name of Mother, *Mary Kuhn*

6. Mother's Maiden Name, *Mary Wehner*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *John Kuhn*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Joseph Christman*

Address, *St. Mary's West*

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50553

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 September*
4. Place of Birth, (Street and Number) *184 Hamilton St*
5. Full Name of Mother, *Maria A. Long*
6. Mother's Maiden Name, *James Rice*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Young*
9. Father's Occupation, *Water*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Angelina Wilson*
- Address, *194 Water St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

31

Female

Colored

Sept 26<sup>th</sup> 1881

17 Haw St

Sarah E. McGill

Murree

Md

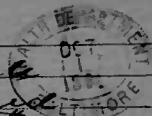
Joseph R. McGill

Waiter

Md

R. C. Lee

Hanan Barnard



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

10555

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 September
4. Place of Birth, (Street and Number) 23 Sterling street
5. Full Name of Mother, Luisa Hancock
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stevenson Hancock
9. Father's Occupation, driver of an express wagon
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs R. A. M. M. M. or other Person who makes this Return.
- Address, 4876 Ball and street
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 September
4. Place of Birth, (Street and Number) 72 E Lombard
5. Full Name of Mother, Eisa Rottorford
6. Mother's Maiden Name, M. P.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return Mrs Para Casper
- Address, 72 E Lombard
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 25 September
4. Place of Birth, (Street and Number) NO Orleans
5. Full Name of Mother, Frederika Beck
6. Mother's Maiden Name, Tomas
7. Mother's Birthplace, U.S.
8. Full Name of Father, Will Beck
9. Father's Occupation, Shumaker
10. Father's Birthplace, U.S.
- Name of Medical Attendant, or other person who makes this return Mrs Sara Capper
- Address, 70 E Lombard
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 26 September
4. Place of Birth, (Street and Number) 326 E. Lombard
5. Full Name of Mother, Mari Paretti
6. Mother's Maiden Name, Paretti
7. Mother's Birthplace, Island
8. Full Name of Father, John Paretti
9. Father's Occupation, Workman
10. Father's Birthplace, Island
- Name of Medical Attendant, Mrs. Sara Casper  
or other Person who makes this Return
- Address, 7th E. Lombard
- Remarks, \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 17 September 26
4. Place of Birth, (Street and Number) Boston Street
5. Full Name of Mother Mari Ruth
6. Mother's Maiden Name " " Hess
7. Mother's Birthplace Baltimore
8. Full Name of Father David Ruth
9. Father's Occupation Knammager
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Banck Street old 145
- Address \_\_\_\_\_
- Remarks MISS WEAVER

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50560  
50561

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. Sex (state whether Male or Female) Male and female

2. Race or Color (if not of the white race) all white

3. Date of Birth 26 Sept

4. Place of Birth (Street and Number) 418 E Madison

5. Full Name of Mother Mrs. Catherine Armstrong

6. Mother's Maiden Name Miss Catherine Npton

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father John Armstrong

9. Father's Occupation Miner and working

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Louise A. G. G. G.

Address 395 N. Washington St

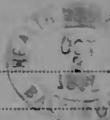
Remarks heftalgy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Sept 26th 1881*
4. Place of Birth, (Street and Number) *No 196 Register St*
5. Full Name of Mother, *Catherine Neuschaefer*
6. Mother's Maiden Name, *Shuman*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Julius Neuschaefer*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who make this Return *Dr Elizabeth Gelpi*
- Address, *120 E. E. St.*
- Remarks, \_\_\_\_\_



Return of Birth Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

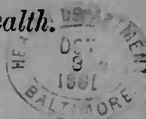


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*
1. Sex, (state whether male or female) *Colored*
2. Race or Color, (if not of the white race) *Sept 26<sup>th</sup> 1881*
3. Date of Birth, *No. 65 Park St*
4. Place of Birth, (Street and Number) *Anna Stevens*
5. Full Name of Mother, *Trudges*
6. Mother's Maiden Name, *City*
7. Mother's Birthplace, *Alexander Stevens*
8. Full Name of Father, *Laborer*
9. Father's Occupation, *City*
10. Father's Birthplace, *Mrs Elizabeth Betz*
- Name of Medical Attendant, *20 Park St*  
or other Person who makes this Return
- Address.
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5<sup>th</sup>  
Female  
White  
September 26, 1881  
284 E. Baltimore St  
Mary M. Beethab.  
Mary M. Coatsy.  
Maryland  
Robert Beethab.  
Black  
Maryland  
J. W. Houch, M.D.  
75 E. Baltimore St.

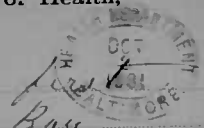
OFFICE OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51565

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether male or female) ..... Boy
- 2. Race or Color, (if not of the white race) ..... white
- 3. Date of Birth, ..... Sept 26 1887
- 4. Place of Birth, (Street and Number) ..... No 246 Hamburg St
- 5. Full Name of Mother, ..... Mrs J Canal
- 6. Mother's Maiden Name, ..... Mary Mullen
- 7. Mother's Birthplace, ..... Ireland
- 8. Full Name of Father, ..... James Canal
- 9. Father's Occupation, ..... Laborer
- 10. Father's Birthplace, ..... Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, 1 Landonville St The Family Canal No 246 Hamburg St

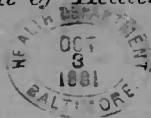
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50566

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 26/87

4. Place of Birth, (Street and Number)

112 S. Caroline St,

5. Full Name of Mother,

Ida Laddon

6. Mother's Maiden Name,

Galloway

7. Mother's Birthplace,

"New York City"

8. Full Name of Father,

Burr Laddon

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26 1881
4. Place of Birth, (Street and Number) 116 Park Ave.
5. Full Name of Mother, Antoinette Brichson
6. Mother's Maiden Name, Antoinette Kennedy
7. Mother's Birthplace, Maryland
8. Full Name of Father, Michael Brichson
9. Father's Occupation, Distiller
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. J. H. L. L. L.
- Address 171 W. Lombard St.
- Remarks





# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Washington*

3. Date of Birth, *26 Sept 1881*

4. Place of Birth, (Street and Number) *Dallas St No 415*

5. Full Name of Mother, *Mary Binner*

6. Mother's Maiden Name, *Mary*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Binner*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Hospital*

Address... *69 Washington St*

Remarks, *Mary Hospital*

Compare records of vital statistics in the City of Baltimore.  
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 Sep 1881*
4. Place of Birth, (Street and Number) *Boe, Clapple st No*
5. Full Name of Mother, *Marg Stadel*
6. Mother's Maiden Name, *Shaw*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *L. Stadel*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return

Address, *09 Montgomery*

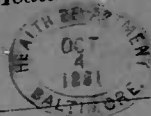
Remarks, *Marg Stadel*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

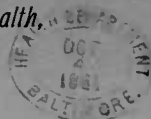
*Colored*  
*24 of Sept*  
*Mackelder St No 34*  
*Mary Williams*  
*Mary Smith*  
*Baltimore*  
*Joseph Williams*  
*Unknown*  
*Baltimore*  
*Miss J. H. Harrison*  
*No 18 or Bethel St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50571

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26
4. Place of Birth (Street and Number) 363 E. Chase St
5. Full Name of Mother Annie E. Engelson
6. Mother's Maiden Name Annie E. Betworth
7. Mother's Birthplace Calvert Co Md
8. Full Name of Father John Engelson
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. May C. Price
- Address 211 N. Broadway
- Remarks

10572

relationship to long and in consequence, time to the

A circular ink stamp from the Baltimore Health Department. The words "HEALTH DEPARTMENT" are curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the text "OCT" is above "1981".

101

Male

Sept 26<sup>th</sup> 81

Sept 26<sup>th</sup> 81

463 Franklin St.

Elizabeth A. Entwistle

Elizabeth A. Giles

ML

William B. Entwistle

Carburetor

Na

Stellen wir

89 Green St

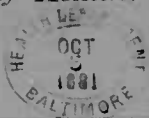
89 Avenue St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26<sup>th</sup> of September 1881

4. Place of Birth, (Street and Number)

129 Boyd Street

5. Full Name of Mother,

Maryanne Hest

6. Mother's Maiden Name,

Hoyson

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Hest

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Chas. Lammie

Address,

Remond Street near Presb. St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth. *Birth September 26*
4. Place of Birth (Street and Number) *Born No. 5 Weasche Street*
5. Full Name of Mother *Susan Maria Tate*
6. Mother's Maiden Name *Susan Maria Henry*
7. Mother's Birthplace *Essex Co Virginia*
8. Full Name of Father *Morris Tate*
9. Father's Occupation *Porter at the store*
10. Father's Birthplace *Westmilton Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Johnson*
- Address *No 92 Tyson Street*
- Remarks *doing well*

# RETURN OF A BIRTH

50575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 Sex, (state whether male or female) female  
 Race or Color, (if not of the white race) Color  
 Date of Birth, Sept 26 1881  
 Place of Birth, (Street and Number) 222 Howard St  
 Full Name of Mother, Gene Sanders  
 Mother's Maiden Name, Gene Wells  
 Mother's Birthplace, Wm. Briggs Dear Chester Conn  
 Full Name of Father, David Sanders  
 Father's Occupation, Seaman  
 Father's Birthplace, Born to Capt. S. L. H. H.  
 Name of Medical Attendant, or other Person who makes this Return Dr. J. J. H. H.  
 Address, No 1 papa me me  
 Remarks,

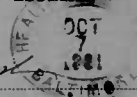


# RETURN OF A BIRTH

50576

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 26: 1881*
4. Place of Birth, (Street and Number) *80 Cafe St*
5. Full Name of Mother, *Mary Chambers*
6. Mother's Maiden Name, *Kalkman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry Chambers*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Williams*
- Address, *201 Madison Ave*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

50571  
JUL 1907  
BAL. TH

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 26th 1881
4. Place of Birth, (Street and Number) 315 E. Chase St
5. Full Name of Mother Mary Elizabeth Mendlein
6. Mother's Maiden Name Ehren
7. Mother's Birthplace Baltimore
8. Full Name of Father Phillip Mendlein
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Aldred M.D.
- Address 474 N. Gay Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The child and mother is living*
1. Sex (state whether Male or Female) *it is a female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *septem 26*
4. Place of Birth (Street and Number) *26 S hort street*
5. Full Name of Mother *Sarah hammen*
6. Mother's Maiden Name *Sarah Banton*
7. Mother's Birthplace *Baltimore* *isak Banton*
8. Full Name of Father
9. Father's Occupation *labore*
10. Father's Birthplace *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return *amnd Jucker*
- Address *122 Dallas*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50579

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 26th 1881

4. Place of Birth (Street and Number)

349 Harford Ave

5. Full Name of Mother

Savilla Mooney

6. Mother's Maiden Name

Savilla Rigley

7. Mother's Birthplace

Harford County

8. Full Name of Father

Sam. P. Mooney

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

H. G. Watson

Address

437 N. Central Ave.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>th</sup>
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 September
4. Place of Birth, (Street and Number) 928 Kenton Evid
5. Full Name of Mother Louis Folger
6. Mother's Maiden Name Lutau
7. Mother's Birthplace Baltimore
8. Full Name of Father Isidore Lutau
9. Father's Occupation Geographer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Margie Gutters
- Address Wells Street 215
- Remarks \_\_\_\_\_

"That any physician, surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH. 50681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 27<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *230 Montgomer*

5. Full Name of Mother, *Margaret A. Costar*

6. Mother's Maiden Name, *Margaret A. Furlong*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Albert J. Costar*

9. Father's Occupation, *Railroad Maker*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cook Md*

Address, *146 Nassau St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50552

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Sept 28<sup>th</sup> 1891



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *1<sup>st</sup>*

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 27<sup>th</sup>*
4. Place of Birth, (Street and Number) *49 Thames St.*
5. Full Name of Mother, *Annie Norton*
6. Mother's Maiden Name, *Annie Kissel*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *Lowell Norton*
9. Father's Occupation, *cleaner.*
10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend*

Address, *137 South Mt. St.*

Remarks, *C#2*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27 Sept-1881*

4. Place of Birth, (Street and Number) *Castle Alley Baltimore city*

5. Full Name of Mother, *E. S. Mann*

6. Mother's Maiden Name, *Caroline Strommen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Mann*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Linn*

Address, *171 S. Washington St*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50584

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 1st of Sep.
4. Place of Birth, (Street and Number) No. 212 S. Central Ave.
5. Full Name of Mother Gabriela Schneider
6. Mother's Maiden Name Gabriela Seidemann
7. Mother's Birthplace York Penn.
8. Full Name of Father John Seidemann
9. Father's Occupation Signs manufacturer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christina Sauer
- Address 117 Harper St.
- Remarks 22



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) 1 male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 September 1881
4. Place of Birth (Street and Number) 62 Larish St Baltimore Md
5. Full Name of Mother Augusta Smith
6. Mother's Maiden Name Augusta Melba
7. Mother's Birthplace Germany
8. Full Name of Father Albert Gerhard Leticia Smith
9. Father's Occupation laborer
10. Father's Birthplace Basfeld Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Kelley
- Address 292 Pratt St Baltimore
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *27 September*
4. Place of Birth, (Street and Number) *7 Central A*
5. Full Name of Mother, *Mrs. Kellen*
6. Mother's Maiden Name, *Moldani*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *John Kellen*
9. Father's Occupation, *Warman*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Casper*
- Address *72 E. Lombard*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 September
4. Place of Birth, (Street and Number) 167 Sterling street
5. Full Name of Mother, Frances Hoff
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, John Hoff Bairn
8. Full Name of Father, John Hoff
9. Father's Occupation, aylor
10. Father's Birthplace, Bairn
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Allright
- Address, 48 Holland street
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50588

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *27 September*
4. Place of Birth, (Street and Number) *25 N. Eder*
5. Full Name of Mother, *Ellen Fricke*
6. Mother's Maiden Name, *Eidel*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *John Fricke*
9. Father's Occupation, *Cannaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Park Capper*
- Address, *72 E. Howard*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50589

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



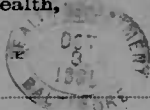
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *27 September*
4. Place of Birth, (Street and Number) *416 N. Gay*
5. Full Name of Mother, *Ani. Lupis*
6. Mother's Maiden Name, *Hazzan*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *John Lupis*
9. Father's Occupation, *Agent*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Cooper*
- Address, *72 E. Lombard*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50590

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Sept 27<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No. 85 S. Ann St.*
5. Full Name of Mother, *Elizabeth Schlegel*
6. Mother's Maiden Name, *Schlegel*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Frank Schlegel*
9. Father's Occupation, *Picker*
10. Father's Birthplace, *City*
- Name of Medical Attendant, *Mrs. Elizabeth Ratz*  
or other Person who makes this Return
- Address, *120 Frank St.*
- Remarks, \_\_\_\_\_

50591

A circular library stamp from the Department of Health, Baltimore. The text "DEPARTMENT OF HEALTH" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "OCT 3 1901" is stamped.

55

- Sept 27 1891  
Phonograph No 377  
Lillian G. Carter  
Hawthorne  
Mass.  
My grandmother  
Lillian

1991-1992

06.04.1944

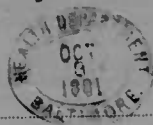
JOHN B. PIET, PRINTER & STATIONER, BALD.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... 27th 1896
4. Place of Birth, (Street and Number) ..... 143rd St. Baltimore
5. Full Name of Mother, ..... Mary Ann Johnson
6. Mother's Maiden Name, ..... P. Jones
7. Mother's Birthplace, ..... Maryland
8. Full Name of Father, ..... John M. Johnson
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... Maryland
- Name of Medical Attendant, or other Person who make this Return, ..... Dr. J. H. Johnson
- Address, ..... 143rd St. Baltimore
- Remarks, ..... None

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 27th 89*
4. Place of Birth, (Street and Number) *# 204 S. Sharp St.*
5. Full Name of Mother, *Louise Seibel*
6. Mother's Maiden Name, *Albrecht*
7. Mother's Birthplace, *Knocheesen*
8. Full Name of Father, *Henry Seibel*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Knocheesen*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kroh*
- Address, *# 328 S. Sutter St.*
- Remarks,

That my Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 27/87

4. Place of Birth, (Street and Number)

12 E. Rough St.

5. Full Name of Mother,

Mary. Lafour

6. Mother's Maiden Name,

Rush

7. Mother's Birthplace,

Va.

8. Full Name of Father,

Geo. Lafour

9. Father's Occupation,

Factor

10. Father's Birthplace,

Ind. Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

S. R. Mansfield

Address,

117 Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50595

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 27/87

4. Place of Birth, (Street and Number)

108 Eastern av.

5. Full Name of Mother,

Elizabeth Orrt

6. Mother's Maiden Name,

Altwater

7. Mother's Birthplace,

Bald.

8. Full Name of Father,

Peter Orrt

9. Father's Occupation,

Food Dealer

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

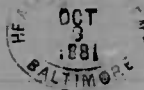


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *2. female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 27/81*
4. Place of Birth, (Street and Number) *123 Montgomery St*
5. Full Name of Mother, *Annie Josephine Valentine*
6. Mother's Maiden Name, *" Meyer*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Valentine*
9. Father's Occupation, *Hatter. Saloon Keeper at present*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Bartholomew H. Hays*
- Address, *123 Montgomery St*
- Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.)

1. Sex, (state whether male or female)

White, Male

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Tuesday Sept. 27<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

113 Hill St.

5. Full Name of Mother,

Louisa b. Glauber.

6. Mother's Maiden Name,

Louisa b. Meyer.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

John H. Glauber.

9. Father's Occupation,

Sandy Manufacturer.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

Perfessine M. M. M.

Address,

1 Lord Suffolk

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 Sept 1881

4. Place of Birth, (Street and Number)

Balto WOLF st No

5. Full Name of Mother,

Mary Popowa

6. Mother's Maiden Name,

Mary

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

9. Father's Occupation,

Salerer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Charg Hospital

Address,

69 Washington st

Remarks,

Charg Hospital

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50600

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 27<sup>th</sup> 1881

4. Place of Birth (Street and Number)

N.E. Cathedral & Hamilton

5. Full Name of Mother

Eliza Mauden Hoffman

6. Mother's Maiden Name

Dallam

7. Mother's Birthplace

Maryland

8. Full Name of Father

R Curzon Hoffman

9. Father's Occupation

Merchant

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Regina Buckle

Address

135 N Charles St

Remarks



That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Sept. 27th 81  
 4. Place of Birth, (Street and Number) 16 Wilcox St.  
 5. Full Name of Mother Mary Ann Quinn  
 6. Mother's Maiden Name M. Heluskey  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father John Quinn  
 9. Father's Occupation Labourer  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Brooke Beyle M.D.  
 Address Calvert & Eager  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female), Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 27<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 13<sup>th</sup> St. Cider Alley
5. Full Name of Mother, Elizabeth Jones
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Accomac County, Md.
8. Full Name of Father, Alexandria Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Accomac Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address, 71 Broadway Alley
- Remarks, \_\_\_\_\_

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 27<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Scott st. N<sup>e</sup>. 130

5. Full Name of Mother, Elycloth M<sup>e</sup> Kersy

6. Mother's Maiden Name, Peppler

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Joseph M<sup>e</sup> Kersy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, M<sup>rs</sup>. G. M. Mitchell  
or other Person who makes this Return

Address, N<sup>e</sup>. 98 Parkin st.

Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of September
4. Place of Birth, (Street and Number) 248 Chad St
5. Full Name of Mother, Dora Hernandez
6. Mother's Maiden Name, Sanchez
7. Mother's Birthplace, Spain
8. Full Name of Father, Adas Hincal
9. Father's Occupation, Tailor
10. Father's Birthplace, Spain

Name of Medical Attendant, or other Person who makes this Return

Address, Margaret Wieg

Remarks, 48 Hollings

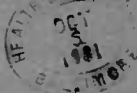
That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 24 September

4. Place of Birth, (Street and Number) No 5 China Street

5. Full Name of Mother Kate Scott Credit

6. Mother's Maiden Name Kate Scott

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Credit

9. Father's Occupation Sailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rachel Toram

Address 139 Hill Street

Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50606

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *September 27-81*
4. Place of Birth, (Street and Number) *No 280 W. Donagh St.*
5. Full Name of Mother, *Alice Washburn*
6. Mother's Maiden Name, *(Alice) Williams*
7. Mother's Birthplace, *Boston*
8. Full Name of Father, *Nicholas Washburn*
9. Father's Occupation, *Iron Worker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. McNeill*
- Address *280 W. Donagh St.*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50607

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *September 27-81*
4. Place of Birth, (Street and Number) *No 124 N Bethel*
5. Full Name of Mother, *Sarah Sauerwald*
6. Mother's Maiden Name, *Sarah Lock*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Wm Sauerwald*
9. Father's Occupation, *Basket Maker*
10. Father's Birthplace, *Belle*
- Name of Medical Attendant, or other Person who makes this return *Chas. A. Allwell*
- Address, *286 Ch. Bonaparte*
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27<sup>th</sup> 1891

4. Place of Birth, (Street and Number) No 369 Eastern Avenue

5. Full Name of Mother, Mary Michael Guandt

6. Mother's Maiden Name, Mary Michael

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles August Christop Guandt

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E. Quinn

Address, 171 N. Washington St

Remarks, \_\_\_\_\_



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 27<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Harford Road
5. Full Name of Mother Gertrude Frederick
6. Mother's Maiden Name Bordine Stahl
7. Mother's Birthplace Baltimore
8. Full Name of Father George Frederick
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. McGeist
- Address #182 E. Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *wht*
3. Date of Birth *Sept 27, 1881*
4. Place of Birth (Street and Number) *84 Richmond St*
5. Full Name of Mother *Lizzie Gebney Koch*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *md*
8. Full Name of Father *Henry Koch jr*
9. Father's Occupation *driver*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *G Lane Parryhill*
- Address *129 W Middle*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27th 1881
4. Place of Birth, (Street and Number) No. 376 Washington St.
5. Full Name of Mother, Sarah Meyers
6. Mother's Maiden Name, Sarah Philips
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Meyers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Batt.
- Address No. 185 P. E., cor Central av. & Monument St.
- Remarks, Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



*Name: Mary Katherine Rhein*  
 No. of Child of Mother, (state together 1st, 2d, 3d, etc.) *1st*  
 1. Sex, (state whether male or female) *female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *September 27. th. 1881*  
 4. Place of Birth, (Street and Number) *No 103. Pearl St.*  
 5. Full Name of Mother, *Mary (Rein) Rhein*  
 6. Mother's Maiden Name, *Mary (Benzel) Boengli*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *William (Rein) Rhein*  
 9. Father's Occupation, *Croak Trimmer*  
 10. Father's Birthplace, *Newark New Jersey*  
 Name of Medical Attendant, or other Person who makes the Return, *Mrs. M. A. Butt.*  
 Address, *No 185 E. 20th. Cor. Monument St.*  
 Remarks, *Well*

REPORT OF VITAL STATISTICS BY THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51615

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 28th 1887*
4. Place of Birth, (Street and Number) *890 Broadway*
5. Full Name of Mother, *Gertie May Rappaport*
6. Mother's Maiden Name, *" Butler*
7. Mother's Birthplace, *Baltimore Ind*
8. Full Name of Father, *George Rappaport*
9. Father's Occupation, *Picture Frame Store*
10. Father's Birthplace, *Baltimore Ind*
- Name of Medical Attendant, *D W Catherlin M D*  
or other Person who makes this Return.
- Address, *213 Broadway*
- Remarks,

That any physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup> -

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Sept - 28<sup>th</sup> - 1881

4. Place of Birth (Street and Number) 360 E Madison St -

5. Full Name of Mother Georgiamia Rogers

6. Mother's Maiden Name " McBain

7. Mother's Birthplace Baltimore

8. Full Name of Father Daniel R. Rogers

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address Broadway & Madison St -

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28 of September*
4. Place of Birth, (Street and Number) *1102 Gitting St.*
5. Full Name of Mother, *Agnes Glover*
6. Mother's Maiden Name, *Agnes Roberts*
7. Mother's Birthplace, *Shadricksburg*
8. Full Name of Father, *John Glover*
9. Father's Occupation, *Carriage*
10. Father's Birthplace, *England*

Name of Medical Attendant, *Joseph A. Roberts*  
or other Person who makes this Return

Address, *No. 23 7th St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 28<sup>th</sup> 1887.*

4. Place of Birth, (Street and Number) *48 Burgh Street.*

5. Full Name of Mother, *Mary Muller.*

6. Mother's Maiden Name, *Mary Muller.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address, *137 South Wolfe St*

Remarks, *CAD*

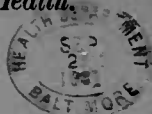
*Mrs. Mary Amend.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth,*
1. Sex (state whether male or female) *Male,*
2. Race or Color, (if not of the white race) *White,*
3. Date of Birth *Sept. 28, 1887.*
4. Place of Birth, (Street and Number) *No. 38 Frawn Street,*
5. Full Name of Mother *Kathleen Boyle,*
6. Mother's Maiden Name *Kathleen Thompson,*
7. Mother's Birthplace *Pennsylvania, N York*
8. Full Name of Father *Harry H. Boyle*
9. Father's Occupation *Custom House Clerk,*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *John Morris M. D.*
- Address *No. 5 Franklin St.*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 28 1881
4. Place of Birth, (Street and Number) No 668, South Charles st
5. Full Name of Mother, Cordelia Henry
6. Mother's Maiden Name, Cordelia Welch
7. Mother's Birthplace, Balt city md
8. Full Name of Father, John Henry
9. Father's Occupation, Store Keeping
10. Father's Birthplace, Ireland
- Name of Medical Attendant, Elizabeth Whiston  
or other Person who makes this Return.
- Address, No 666 South Charles st
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 28, 1881

4. Place of Birth, (Street and Number) No 345

5. Full Name of Mother Transicker Baltimore

6. Mother's Maiden Name Transicker, Nicholas

7. Mother's Birthplace Germany

8. Full Name of Father John, Nicholas

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Her Christina Tarsen

Address 113 Starke St

Remarks 158



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 September

4. Place of Birth, (Street and Number) 135 S. W. street

5. Full Name of Mother, Barbara Hoffman

6. Mother's Maiden Name, Helen Schmaus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hoffman

9. Father's Occupation, Baltimore

10. Father's Birthplace, Carpet Weaver

Name of Medical Attendant, or other Person who makes this Return, Mrs. Rosa Illrig

Address, 48 Holland street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 September
4. Place of Birth, (Street and Number) 2810 W. Wolfe street
5. Full Name of Mother, Lizzie H. Wriseman
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Wriseman
9. Father's Occupation, car driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Rosa M. Briggs
- Address, 48 Hollins street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race), Jewish
3. Date of Birth, 22 September
4. Place of Birth, (Street and Number), 155 Eden street
5. Full Name of Mother, Beulah Simon
6. Mother's Maiden Name, Shandauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Sannow
9. Father's Occupation, Caddy
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Miller
- Address, 155 Holland street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50623

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 September

4. Place of Birth, (Street and Number) 109 Mceldery street

5. Full Name of Mother, Lena Hartre

6. Mother's Maiden Name, Banks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hagtre

9. Father's Occupation, clothier cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who  
makes this Return. Mrs Rosa Willig

Address, 48 Holland Street

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50624

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *28 September*
4. Place of Birth, (Street and Number) *218 E Lombard*
5. Full Name of Mother, *Ellen Sprenger*
6. Mother's Maiden Name, *Sprenger*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *John Sprenger*
9. Father's Occupation, *Marine*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sara Casper*
- Address, *22 E Lombard*
- Remarks, .....



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) Wet
3. Date of Birth September 28
4. Place of Birth, (Street and Number) Lafayette Avenue No. 468
5. Full Name of Mother Bernhardina Ham
6. Mother's Maiden Name " " Faber
7. Mother's Birthplace Baltimore
8. Full Name of Father Ludwig Ham
9. Father's Occupation Kannmager
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Bath Street 10125
- Address \_\_\_\_\_
- Remarks Mrs. Mander

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51626

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 28th Sept. 1891

4. Place of Birth, (Street and Number) 47 Lee St

5. Full Name of Mother Mamie Stern

6. Mother's Maiden Name Meyer

7. Mother's Birthplace Washington D.C.

8. Full Name of Father Meyer Stern

9. Father's Occupation Clerk

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who "make this return." H. W. Webster, M.D.

Address 57 B'n'd

Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 28<sup>th</sup> 1881
4. Place of Birth. (Street and Number) No 125 Madry Alley
5. Full Name of Mother, Quignader, Guernsey
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas Guernsey
9. Father's Occupation, Barber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this return Mrs. Elizabeth Betz
- Address, 15 120 Quaker st.
- Remarks, \_\_\_\_\_

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 50695

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 25<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 418 Argyle Ave
5. Full Name of Mother Annie Virginia Leahy
6. Mother's Maiden Name Wray
7. Mother's Birthplace Beaumont Md.
8. Full Name of Father John Edward Leahy
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore City, Md.
- Name of Medical Attendant, or other Person who "makes" this Return. J. H. Christian M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child  
 1. Sex (state whether male or female) Female child  
 2. Race or Color, (if not of the white race) Caucasian  
 3. Date of Birth Born 28 Sept  
 4. Place of Birth, (Street and Number) Sterling St 158  
 5. Full Name of Mother John Simmons  
 6. Mother's Maiden Name John Johns  
 7. Mother's Birthplace Wicomeo County  
 8. Full Name of Father John Simmons  
 9. Father's Occupation Work in lumber yard  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Harriet Britton  
 Address No 78 N Bethel St  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Sept. 28<sup>th</sup> 1881*  
 4. Place of Birth, (Street and Number) *Baltimore Sect. 4 No. 136*  
 5. Full Name of Mother, *Laura Adams.*  
 6. Mother's Maiden Name, *Begg.*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *John Adams.*  
 9. Father's Occupation, *Plaster*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Mrs. G. Mitchell*  
or other Person who makes this return  
 Address, *N. E. 58 Park*  
 Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50639

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 28, to 81

4. Place of Birth, (Street and Number)

390 Hanover st

5. Full Name of Mother,

Catherine Kallin

6. Mother's Maiden Name,

Larrey

7. Mother's Birthplace,

America

8. Full Name of Father,

Michael Kallin

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this return

J. Schlegel midwife  
330 Hanover st.

Address,

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 11 1881

4. Place of Birth, (Street and Number) Baltimore 222. Eastern avenue

5. Full Name of Mother, Matilda Herguson

6. Mother's Maiden Name, Matilda Ernest Eckhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph E. Herguson

9. Father's Occupation, carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address Int. St

Remarks

RECEIVED  
OCT  
1881  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



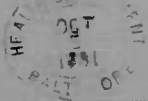
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep 28*
4. Place of Birth (Street and Number) *East Monument St*
5. Full Name of Mother *Anna Lawskey*
6. Mother's Maiden Name *Fritz Lawskey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Amey Heimer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Henrietta Glascoe*
- Address *293 McElderry*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50633

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *September 28th 1881*
4. Place of Birth, (Street and Number) *92 Lippincott Street*
5. Full Name of Mother, *Sarah Johnson*
6. Mother's Maiden Name, *a Smith*
7. Mother's Birthplace, *Essex Co Va*
8. Full Name of Father, *George Johnson*
9. Father's Occupation, *Motor*
10. Father's Birthplace, *Orange Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Johnson*
- Address, *6 Hamilton Street*
- Remarks,

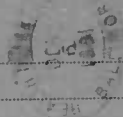
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50636

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

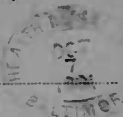
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
Sex, (state whether male or female) *Male*  
Race or Color, (if not of the white race) *White*  
Date of Birth, *September 28 81*  
Place of Birth, (Street and Number) *No 412 E Monument St*  
Full Name of Mother, *Hollie E. Andrew*  
Mother's Maiden Name, *Hollie E. Birmingham*  
Mother's Birthplace, *Baltimore*  
Full Name of Father, *George Andrew*  
Father's Occupation, *Stone mason*  
Father's Birthplace, *Maryland*  
Name of Medical Attendant, or other Person who makes this Return *Mary A. Adwell*  
Address *386 N Donagh St*  
Remarks,



# RETURN OF A BIRTH

50637

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2 3 4 5 6

(state whether male or female)

fe mail

or Color, (if not of the white race)

color

of Birth,

Sept 28 1881

of Birth, (Street and Number)

London Hall St

Name of Mother,

Mary F Smith

er's Maiden Name,

Mary F Harris

er's Birthplace,

Baltimore

Name of Father,

John Smith

er's Occupation,

Dr Barm

er's Birthplace,

Appa mop Argonne

of Medical Attendant, or other Person who makes this Return

Dr J. H. H. H.

ress,

at 1 p.m. one ml

orks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Chile*
3. Date of Birth *Sept. 28th, 1891*
4. Place of Birth (Street and Number) *(49 E) 52 E. Hoffman*
5. Full Name of Mother *Mary O'Brien*
6. Mother's Maiden Name *Donaque*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Wm. O'Brien*
9. Father's Occupation *Laborer*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingsley*
- Address *256 E. John st.*
- Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth September 28th 1881

4. Place of Birth, (Street and Number) 44 Prospect Lane

5. Full Name of Mother Margaret E. Reineburger

6. Mother's Maiden Name Margaret E. Baynes

7. Mother's Birthplace Baltimore

8. Full Name of Father William D. Baynes

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Maria Allgeier

Address 4182 G. Monument St

Remarks \_\_\_\_\_

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 28<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 495 David Hill Ave
5. Full Name of Mother Eugene Hoffman
6. Mother's Maiden Name Eugene Hollinger
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John Hoffman
9. Father's Occupation Ice Cream Manufacturer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Hillegeist
- Address 182 E. Monument St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

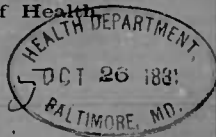


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *bel.*
3. Date of Birth *Sept. 28. 1881.*
4. Place of Birth (Street and Number) *156. W. Hoffman st*
5. Full Name of Mother *Mrs. Annie Gross*
6. Mother's Maiden Name *" " Hicks*
7. Mother's Birthplace *Va*
8. Full Name of Father *Wm Thomas Gross.*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *G. Lam Parryhill*
- Address *129 W. Bedale st*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,

first  
female  
color

September 28

Hill st 149

rebecca brown

Dr. Garst  
Balto

Benjamin Brown

Salter

Calvert Co

angelina Wilson

Warner St 194

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Sept.
4. Place of Birth, (Street and Number) 7 Barnes
5. Full Name of Mother, Maria Level
6. Mother's Maiden Name, Flaichman
7. Mother's Birthplace, Germany
8. Full Name of Father, Paula Level
9. Father's Occupation, Painter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who make this Return Josephine Rousso
- Address 720 Barnes
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept. 29*
4. Place of Birth, (Street and Number) *66 Myrtle St. Baltimore.*
5. Full Name of Mother, *Fillie Bury*
6. Mother's Maiden Name, *Fillie Lorman*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Christopher Bury*
9. Father's Occupation, *carver*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dash*
- Address, *117 Johnson St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 29 1881
4. Place of Birth (Street and Number) 218 South Dallas St
5. Full Name of Mother Cristanah Fisher
6. Mother's Maiden Name Cristanah Pehkergler
7. Mother's Birthplace Germany
8. Full Name of Father George Friedrich Fisher
9. Father's Occupation Labourer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Same as Child William Fisher
- Remarks

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29<sup>th</sup> Aug. 81
4. Place of Birth, (Street and Number) 208. N. Central av.
5. Full Name of Mother, Elizabeth M. Krepps
6. Mother's Maiden Name, " " " " " "
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Joseph Krepps
9. Father's Occupation, Carver
10. Father's Birthplace, York Pa.
- Name of Medical Attendant, W. L. Dauschkind  
or other person who makes this return
- Address, 3. N. Broadway
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 29 September
4. Place of Birth, (Street and Number) 391 Gay street
5. Full Name of Mother, Rachel Jacob
6. Mother's Maiden Name, " Kellner
7. Mother's Birthplace, Abraham Jacob Rolln
8. Full Name of Father, Rolln Abraham Jacob
9. Father's Occupation, Laybor
10. Father's Birthplace, Rolln
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Hillig
- Address, 48 Holl and street
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 29th 1888*
4. Place of Birth (Street and Number) *No. 42 N. Fayette St*
5. Full Name of Mother *Mary Linch*
6. Mother's Maiden Name *Mary Weinreich*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Dred. E. Linch*
9. Father's Occupation *Dyer & Scourer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Warrall Jr.*
- Address *208 N. Lombard St*
- Remarks



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

29 September

3. Date of Birth,

2 N Washington

4. Place of Birth, (Street and Number)

Elisav. Miller

5. Full Name of Mother,

Eiring

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

Michael Miller

8. Full Name of Father,

Cooper

9. Father's Occupation,

Germany

10. Father's Birthplace,

Mrs. Dard Cooper

Name of Medical Attendant, or other Person who make this Return

7 E Lombard

Address,

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50650

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Sept 29/97*  
4. Place of Birth, (Street and Number) *84 1/2 Connelton Ave*  
5. Full Name of Mother, *Alvordae Regalls*  
6. Mother's Maiden Name, *Johnston*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *John D Regalls*  
9. Father's Occupation, *Asst Superintendent Western Poles Field*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Wm. G. [Signature]*  
Address, *100 [Signature] Baltimore*  
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50651

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th Sept 91
4. Place of Birth, (Street and Number) 420 Chesnut Alle.
5. Full Name of Mother, Ernestina Schmidt
6. Mother's Maiden Name, Gundlach
7. Mother's Birthplace, Herzogthum Posen Posen
8. Full Name of Father, Julius Schmidt
9. Father's Occupation, Bookman
10. Father's Birthplace, Herzogthum Posen
- Name of Medical Attendant, Mary Brook  
or other Person who makes this Return
- Address, 328 E. Eutan St.
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male  
White  
September 29<sup>th</sup>  
1155 St. Peter St Balt  
Susanna Mahon  
Lahenbach  
Germany  
Benjamin Mahon  
Furniture Wagon  
Germany  
Mrs. Mahon  
S. Th. Corner of Frederick & Calhoun

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *September 29<sup>th</sup> 1883*

4. Place of Birth, (Street and Number) *No 78 Henrietta St. Balto*

5. Full Name of Mother, *Louis Charlotte Heingerling*

6. Mother's Maiden Name, *Schlemmer*

7. Mother's Birthplace, *City Baltimore*

8. Full Name of Father, *August Heingerling*

9. Father's Occupation, *Copper*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, *Mrs. Munch*  
or other Person who makes this Return

Address, *L. W. Corner of Linden St. & Montgomery St.*

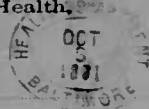
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 29<sup>th</sup> 1891

4. Place of Birth, (Street and Number)

21 Bevan St

5. Full Name of Mother,

Mary Booker

6. Mother's Maiden Name,

Mary Reblin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lemard Booker

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Professor M. M. M.

Address,

1 S. D. M.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50655

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2)
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 38 Calhoun St.
5. Full Name of Mother, Louise Sauerwine
6. Mother's Maiden Name, Louise Clara
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Sauerwine
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return, Miss. Schlifer
- Address, 20 Columbia St.
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50656

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, September 29
  4. Place of Birth, (Street and Number) Cor Durham and Church st
  5. Full Name of Mother, Katie Deuk
  6. Mother's Maiden Name, " Kratz
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, Ludwig Deuk
  9. Father's Occupation, Farmer
  10. Father's Birthplace, Germany
- Name of Medical Attendant, Sophia Simon  
or other Person who makes this Return
- Address, No 70 E. Gray st.
- Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH DEPT  
OCT 4 1881  
50657

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *23 of September*
4. Place of Birth, (Street and Number) *Corner Bruce Street*
5. Full Name of Mother, *Rachel Smith*
6. Mother's Maiden Name, *Rachel Gray*
7. Mother's Birthplace, *Plantersburg*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *guard carriers*
10. Father's Birthplace, *Plantersburg*
- Name of Medical Attendant, or other Person who make this Return. *Henry C Jones*
- Address, *No 3 Barnes St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50658

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

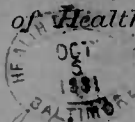


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 29 1891*
4. Place of Birth (Street and Number) *Bar Lloyd Place*
5. Full Name of Mother *Ann M. Stearns*
6. Mother's Maiden Name *Annie M. Lane*
7. Mother's Birthplace *Baltimore MD*
8. Full Name of Father *Wm Stearns*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *John W. M.D.*
- Address *115-8 Hancock St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8. Child*
1. Sex, (state whether male or female) *Female Child*
2. Race or Color, (if not of the white race) *Color child*
3. Date of Birth, *27 of September 1881*
4. Place of Birth, (Street and Number) *185- Hamburg Street*
5. Full Name of Mother, *Annie Tonison*
6. Mother's Maiden Name, *Annie Muchin*
7. Mother's Birthplace, *Baltimore Md. 1881*
8. Full Name of Father, *A Work ingoing mill*
9. Father's Occupation, *Denis Muchin*
10. Father's Birthplace, *Baltimore Md. D. 1881*
- Name of Medical Attendant, *Dr. J. D. 1881*  
or other Person who makes this Return.
- Address, *185 York Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first of her*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *Born September 29 1891*  
4. Place of Birth (Street and Number) *Baltimore City, Md.*  
5. Full Name of Mother *Mrs Annie Jackson*  
6. Mother's Maiden Name *Mrs Annie Jackson*  
7. Mother's Birthplace *Danvers, Dorchester Co. N.Y.*  
8. Full Name of Father *Danvers Jackson*  
9. Father's Occupation *Cyler, Danvers*  
10. Father's Birthplace *Danvers, Dorchester Co. N.Y.*  
Name of Medical Attendant, or other Person who makes this return *Mrs. Cyler Jones*  
Address *No. 1 Spring Garden St.*  
Remarks *X*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *29<sup>th</sup> September*
4. Place of Birth (Street and Number) *Baltimore Chesnut st No 106*
5. Full Name of Mother *Mrs Emma Neill*
6. Mother's Maiden Name *Mrs Emma Phelps*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Y Neill*
9. Father's Occupation *Printer*
10. Father's Birthplace *Gorgetown Dc*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Rugg*
- Address *No 120 Chesnut st*
- Remarks

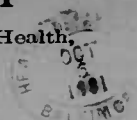
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 29, 1881

4. Place of Birth, (Street and Number) S. Register St. No. 44

5. Full Name of Mother, Josephine Lutz

6. Mother's Maiden Name, Josephine Schroeder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lutz

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address, 10 Dallas St. No. 26

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 50663
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd Sept
4. Place of Birth (Street and Number) 1012 Blackham St
5. Full Name of Mother Adelle Williams
6. Mother's Maiden Name Boyd
7. Mother's Birthplace Genoa, Italy
8. Full Name of Father John Williams
9. Father's Occupation Washblock
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. C. B. Smith
- Address 181 Howard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 50664
- 2nd*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_ *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_ *White*
3. Date of Birth \_\_\_\_\_ *29th Sept*
4. Place of Birth (Street and Number) \_\_\_\_\_ *No 108 Ridgely St*
5. Full Name of Mother \_\_\_\_\_ *E. Emma Lawson*
6. Mother's Maiden Name \_\_\_\_\_ *" " "*
7. Mother's Birthplace \_\_\_\_\_ *Maryland*
8. Full Name of Father \_\_\_\_\_ *H. E. E. Lawson*
9. Father's Occupation \_\_\_\_\_ *Coal Dealer*
10. Father's Birthplace \_\_\_\_\_ *New York*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ *Dr. B. B. B. B.*
- Address \_\_\_\_\_ *1811 Hanover St*
- Remarks \_\_\_\_\_



"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50665

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Castin Ave Baltimore city
5. Full Name of Mother, Caroline Pege Baueschub
6. Mother's Maiden Name, Caroline Reice
7. Mother's Birthplace, Germany
8. Full Name of Father, John Baueschub
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1 / 01
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 21 N. Caroline Street
5. Full Name of Mother, Mary Ann Staylor
6. Mother's Maiden Name, Dallagher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hoyins Staylor
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return James H. Shaw, M.D.
- Address 68 S. Broadway
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Sept 30<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 2 Gravel Alley*
5. Full Name of Mother *Charlotte Gough*
6. Mother's Maiden Name *Butler*
7. Mother's Birthplace *St Mary's County Md*
8. Full Name of Father *Alexander Gough*
9. Father's Occupation *St Mary's County Md*
10. Father's Birthplace *Quarryman*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Ward M.D.*
- Address *127 St Paul St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Sept. 30th 1881  
 4. Place of Birth, (Street and Number) 64 Perry St.  
 5. Full Name of Mother Mrs Mary Murphy  
 6. Mother's Maiden Name Wagerty  
 7. Mother's Birthplace Ms.  
 8. Full Name of Father John Murphy  
 9. Father's Occupation Blackman  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Dr. Brooke Boyle  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

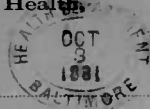


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 30<sup>th</sup> 81
4. Place of Birth, (Street and Number) 227 Harford Ave.
5. Full Name of Mother Mrs. Jennie Delaney
6. Mother's Maiden Name Morwood
7. Mother's Birthplace Md.
8. Full Name of Father Patrick Delaney
9. Father's Occupation Laborer
10. Father's Birthplace Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Brooke Boyle
- Address Calvert & Eager
- Remarks \_\_\_\_\_

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30<sup>th</sup> September 1881*
4. Place of Birth, (Street and Number) *41 North Chapel Street*
5. Full Name of Mother, *Barbra Merind*
6. Mother's Maiden Name, *Barbra Katchet*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Albert Katchet*
9. Father's Occupation, *Tailor Bohemia*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *71 North Chapel Street, per Justina Kunkel*
- Remarks, *Healthy.*

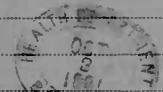
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50673

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 30 1887
4. Place of Birth, (Street and Number) 304 Rutland Place
5. Full Name of Mother, Rosa Robert
6. Mother's Maiden Name, Rosa Passman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Robert
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return J. C. Wilkins
- Address. 121 N. Holliday St.
- Remarks.





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50673

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup> 9 living
1. Sex (state whether Male or Female) Male Female (10 lbs)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept-30-1881 930 PM
4. Place of Birth (Street and Number) 8 O'Donnell St
5. Full Name of Mother Caroline Schmittle
6. Mother's Maiden Name C. Gripp
7. Mother's Birthplace Germany
8. Full Name of Father Frank Schmittle
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

28 O'Donnell St

Remarks

Placenta parva Easy labor followed and proceeded with profuse hemorrhage both mother and child doing well

J. E. Pritchard M.D.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

30677  
JUN 1 1881  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 1

1. Sex, (state whether male or female) .. Male

2. Race or Color, (if not of the white race) .. White

3. Date of Birth, .. Sept 30<sup>th</sup>

4. Place of Birth, (Street and Number) .. 34 N. Oregon St.

5. Full Name of Mother, .. E. Morgan

6. Mother's Maiden Name, .. E. Carter

7. Mother's Birthplace, .. Baltimore

8. Full Name of Father, .. M. Morgan

9. Father's Occupation, .. Laborer

10. Father's Birthplace, .. Virginia

Name of Medical Attendant, or other Person who makes this Return .. M. B. M. B. B. B.

Address, .. 53 E. Baltimore St.

Remarks, .. Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50475

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th Sept. '81

4. Place of Birth, (Street and Number)

436 Madison Ave

5. Full Name of Mother,

Genevieve C Conklin

6. Mother's Maiden Name,

Tyng

7. Mother's Birthplace,

Me. J.

8. Full Name of Father,

Chas. S. Conklin

9. Father's Occupation,

Merchant

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

J. M. Miller M.D.

Address,

87 Monroe St.

Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

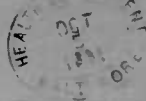
50676  
1881  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*  
1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *colored*  
3. Date of Birth, *September 30th*  
4. Place of Birth, (Street and Number) *no 320 montgomery st*  
5. Full Name of Mother, *Mary Gordon*  
6. Mother's Maiden Name, *Mary Leffner*  
7. Mother's Birthplace, *Alameda County, Cal*  
8. Full Name of Father, *Columbus Gordon*  
9. Father's Occupation, *dry man*  
10. Father's Birthplace, *Northumberland, Va*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*  
Address, *no 4 patheco avenue*  
Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or nurse at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*  
1. Sex, (state whether male or female).... *Male.*  
2. Race or Color, (if not of the white race) *White.*  
3. Date of Birth, .. *Sept 30<sup>th</sup> 1881.*  
4. Place of Birth, (Street and Number) *378 Eden st.*  
5. Full Name of Mother, *Annie E. Evans.*  
6. Mother's Maiden Name, *Annie E. Evans.*  
7. Mother's Birthplace, *Baltimore City.*  
8. Full Name of Father, *John Henry Evans.*  
9. Father's Occupation, *Shoe Dealer*  
10. Father's Birthplace, *Baltimore City.*  
Name of Medical Attendant, or other Person who makes this Return. *John H. Huntington M.D.*  
Address, *134 N. Carrollton Ave.*  
Remarks, *City*

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50678

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



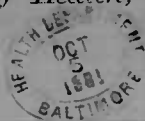
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *September 30 1881*
4. Place of Birth, (Street and Number) *Howard St No 182.*
5. Full Name of Mother, *Martha E. Thomas*
6. Mother's Maiden Name, *Martha E. Johns*
7. Mother's Birthplace, *Laysan Island*
8. Full Name of Father, *John F. Thomas*
9. Father's Occupation, *Oyster Shucker*
10. Father's Birthplace, *Greenon Arms Co.*
- Name of Medical Attendant, or other Person who makes this Return *Sark. J. Wilson*
- Address *Hughes St 252*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50679

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Boy  
Wt. H  
30<sup>th</sup> Sept 1881  
No 252 East end  
Recke Therman  
Recke Dieckhoff  
Germany  
John Dietrich  
Carpenter  
Germany

Name of Medical Attendant, or other Person who  
makes this Return

Mary Wazarschus  
Russell St 90

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar insofar as within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50680

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *September 30th 1881.*  
 4. Place of Birth (Street and Number) *315 Laureate Street.*  
 5. Full Name of Mother *Mary V. Grasty*  
 6. Mother's Maiden Name *" " Lorchbach*  
 7. Mother's Birthplace *Dora. U. S. A.*  
 8. Full Name of Father *Ferdinand A. Grasty.*  
 9. Father's Occupation *Telegraph Manager.*  
 10. Father's Birthplace *Danville Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. A. B. Fellman M.D.*  
 Address *S. W. cor. Carrollton Ave & Laureate St.*  
 Remarks

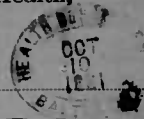


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

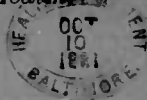


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four (4)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 30 1881
4. Place of Birth, (Street and Number) 14 Saint Peter St
5. Full Name of Mother, Anna E Cook
6. Mother's Maiden Name, Anna E Forrest
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William H. Cook
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore County Md
- Name of Medical Attendant, or other Person who makes this Return Catherine Seebach
- Address 439 West Pratt St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children
1. Sex (state whether male or female) a Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth September the 30. 1881
4. Place of Birth, (Street and Number) 138 Low Street near Annapolis
5. Full Name of Mother Julia Ann Mathews
6. Mother's Maiden Name Julia Cornwell
7. Mother's Birthplace Virginia
8. Full Name of Father Richard Mathews
9. Father's Occupation Labourer
10. Father's Birthplace Marquette Va
- Name of Medical Attendant, or other Person who makes this Return. Sophia Davis
- Address 135 Chesnut Street
- Remarks \_\_\_\_\_

Corrected Record of Birth Statistics for the City of Baltimore  
"That any physician, seecouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50683

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 30<sup>th</sup> 1891
4. Place of Birth, (Street and Number) No 500 Eastern Avenue
5. Full Name of Mother, Margareth Abel Noe
6. Mother's Maiden Name, Margareth Abel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Max Noe
9. Father's Occupation, Laborer
10. Father's Birthplace, Pader. Germany
- Name of Medical Attendant, or other Person who makes this Report Mrs Mary E. Shinnel
- Address, 171 N. Washington Street
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

EVER NAME ADDED 12-12-49  
**RETURN OF A BIRTH**

506811

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



Name: *Howard Devereux Baker*  
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 30th 1881*  
 4. Place of Birth (Street and Number) *Cor. Annapolis & Point Lane*  
 5. Full Name of Mother *Annie E. Baker*  
 6. Mother's Maiden Name *Annie E. Collyer*  
 7. Mother's Birthplace *Towson town*  
 8. Full Name of Father *Henry Baker*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Baltimore Co.*  
 Name of Medical Attendant, or other Person who makes this Return. *A. H. Watson*  
 Address *437 N. Central Ave.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50655

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 30<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

H 23 Douglass St

5. Full Name of Mother,

Belle Matthews

6. Mother's Maiden Name,

Belle Lloyd

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Matthews

9. Father's Occupation,

Hawtler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Harriet Jackson

Address,

H 5 Forrest St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *Friday, Sept. 30th, 1881*  
 4. Place of Birth (Street and Number) *391 Gasquith St.*  
 5. Full Name of Mother *Maggie McNally,*  
*Maggie Short,*  
*Scotland.*  
 6. Mother's Maiden Name *John McNally,*  
*W. R. R. Employee,*  
*Harford Co. Md.*  
 7. Mother's Birthplace *Wilmer, Bristow, Md.*  
 8. Full Name of Father  
 9. Father's Occupation  
 10. Father's Birthplace  
 Name of Medical Attendant, or other Person who makes this Return  
 Address *25 1/2 Greenmount Ave,*  
 Remarks *Vertex Presentation.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *white*
- Date of Birth *Sept 21 / 81*
- Place of Birth (Street and Number) *712 Lee st*
- Full Name of Mother *Jennie Wallingham*
- Mother's Maiden Name *Jennie Alexandria*
- Mother's Birthplace *Balt Md*
- Full Name of Father *Wm Wallingham*
- Father's Occupation *Mail Carrier*
- Father's Birthplace *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *C. A. Lewis*
- Address *162 Hanover st*
- Remarks *city*

Corrected by Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11<sup>th</sup> of September*
4. Place of Birth, (Street and Number) *56 East Fayette Street*
5. Full Name of Mother, *Abmelia Mc Cafferty*
6. Mother's Maiden Name, *Abmelia Schenick*
7. Mother's Birthplace, *Baltimore city Md*
8. Full Name of Father, *James Henry Mc Cafferty*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore city Md*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Smith*
- Address, *1226 Franklin St Baltimore*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5. Children.*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *September the 14.*  
 4. Place of Birth (Street and Number) *375 N. Washington st.*  
 5. Full Name of Mother *Julie Glenker*  
 6. Mother's Maiden Name *Julie Laustenthal*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Wm Glenker*  
 9. Father's Occupation *Mustard maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Luise C. C. Overton.*  
 Address *No. 390 N. Washington st*  
 Remarks *Welthy.*

# **NOTICE**

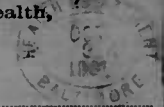
**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Sept 26<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 46 S Grand St
5. Full Name of Mother, Anna Gernersack
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Prussia
8. Full Name of Father, John Gernersack
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betsch
- Address 120 Bank St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar at least within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

30691

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*  
 2. Sex (state whether Male or Female) *Male*  
 3. Race or Color (if not of the white race)  
 4. Date of Birth *September 26th 1881*  
 5. Place of Birth (Street and Number) *262 1/2 Howard St*  
 6. Full Name of Mother *Barbara Helmetag*  
 7. Mother's Maiden Name *Miss Barbara Lightner*  
 8. Mother's Birthplace *Ellicotts Mills Md*  
 9. Full Name of Father *Wm Helmetag*  
 10. Father's Occupation *Plasterer*  
 11. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return *Miss Upsher*  
 Address *262 Howard St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

F.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

June 8. 81

4. Place of Birth (Street and Number)

~~66~~ 66 Saratoga St

5. Full Name of Mother

Sarah Elizabeth Farnam

6. Mother's Maiden Name

Jenkins

7. Mother's Birthplace

Balto

8. Full Name of Father

James Farnam

9. Father's Occupation

Cluk

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

D. L. McKew M.D.

Address

1524 Hamp

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50693

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

4.

F.

W.

Jan 18 1881

314 Cross St

Maria Kimmet  
Donnelly

Ireland

Thomas Kimmet

Engineer

Ireland

Still New to S

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

506911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
 1. Sex (state whether Male or Female) M  
 2. Race or Color (if not of the white race) W  
 3. Date of Birth 19 Jan 81  
 4. Place of Birth (Street and Number) 333 W. Lombard  
 5. Full Name of Mother Anne Moran  
 6. Mother's Maiden Name Gallegher  
 7. Mother's Birthplace Washington W. Va  
 8. Full Name of Father Michael Moran  
 9. Father's Occupation Piano maker  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. D. J. H. H. H. H. H.  
 Address 154 Hamp  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50695

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8  
 1. Sex (state whether Male or Female) F  
 2. Race or Color (if not of the white race) W  
 3. Date of Birth Feb 19. 81  
 4. Place of Birth (Street and Number) on Pratt & Emlaw  
 5. Full Name of Mother Mary Agnew  
 6. Mother's Maiden Name Martin  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father John A. Agnew  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. J. S. McKee M. D.  
 Address 154 Sharp  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50696

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) m  
 2. Race or Color (if not of the white race) w  
 3. Date of Birth Feb 23 81  
 4. Place of Birth (Street and Number) 342 W Pratt  
 5. Full Name of Mother Margaret H Conkey  
 6. Mother's Maiden Name Brady  
 7. Mother's Birthplace Balto City  
 8. Full Name of Father Maurice Geo Key  
 9. Father's Occupation Blacksmith  
 10. Father's Birthplace Balto City  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address  
 Remarks Baltimore Md  
154 Sharp St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W.

3. Date of Birth

March 2 1881

4. Place of Birth (Street and Number)

11 Harlem Av

5. Full Name of Mother

Marietta Meyer

6. Mother's Maiden Name

Swindle

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm Meyer

9. Father's Occupation

Merchant

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

D. McKewen

Address

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# **RETURN OF A BIRTH.**

50698

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Apr 13 81

4. Place of Birth (Street and Number)

36 S. Schroder

5. Full Name of Mother

Margaret Brunetta Falck

6. Mother's Maiden Name

Schaefer

7. Mother's Birthplace

Balto Co MD

8. Full Name of Father

Frederick C Falck

9. Father's Occupation

Black

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return.

D. Delusions M. D.

Address 1524 Park St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

5th  
Male  
W  
Ap 17 81  
91 St  
Margt R. Hill  
W Garrison  
Phila  
Anthony Hill  
black  
Germany  
J. W. Hill  
154 Sharp

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

May 1881

4. Place of Birth (Street and Number)

122 Townsend

5. Full Name of Mother

Frances Ada Campbell

6. Mother's Maiden Name

W. Kew

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm F Campbell

9. Father's Occupation

Lawyer

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return.

D. S. Kew - D.  
154 Sharp

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 4  
323 Druid Hills Ave

4. Place of Birth, (Street and Number)

- Eichman

5. Full Name of Mother,

- Marden

6. Mother's Maiden Name,

Balt.

7. Mother's Birthplace,

J C Eichman

8. Full Name of Father,

Sailor

9. Father's Occupation,

Germany - supposed

10. Father's Birthplace,

A. M. Marden

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

251 Mad. Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50702

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 6

4. Place of Birth, (Street and Number)

519 Madison Ave

5. Full Name of Mother,

Lizzie Warner

6. Mother's Maiden Name,

Warner

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Julius Warner

9. Father's Occupation,

Worcester Agent

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return.

W. H. Wilson

Address,

251 Mad. Ave

Remarks,

Infants

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50703

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 31

4. Place of Birth, (Street and Number)

Linden Ave + Mosher St.

5. Full Name of Mother,

Laura Oudehuyg  
Greer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Adrem Oudehuyg  
Merchant

9. Father's Occupation,

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H M Wilson  
251 Mail. Rm

Address,

Remarks,



*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50704

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth,
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name,
  7. Mother's Birthplace,
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,

3.

Female

Sep. 25

539 Franklin St.

May Clark

Balto.

L. Clark

Clerk

Balt.

A. M. Wilson

157 Mad. Ave

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50705

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Self* *30*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, .....
4. Place of Birth, (Street and Number) *174 Wellborn al*
5. Full Name of Mother, *Maggie Other*
6. Mother's Maiden Name, *Maggie ahart*
7. Mother's Birthplace, *Wethuil, Nij*
8. Full Name of Father, *Robert H. Other*
9. Father's Occupation, *sailing*
10. Father's Birthplace, *W. Redford mas*
- Name of Medical Attendant, or other person who makes this return. *miley*
- Address, *1081 York st*
- Remarks, *graceful*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

3<sup>rd</sup> 15<sup>th</sup> A.M. 1st October, 1881.

3 Etting St, Baltimore, Md

Annie Medinger

Annie Barron

Baltimore, Maryland.

German Anton Medinger

Carpenter

Baltimore, Maryland.

Wm. S. Smith, M.D.

236 N. Howard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

50707



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

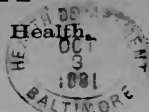
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 1st 1881*  
 4. Place of Birth (Street and Number) *Whitcoat St No 1*  
 5. Full Name of Mother *Katie Brigham*  
 6. Mother's Maiden Name *Katie Ward*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Edward Brigham*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Boston Mass*  
 Name of Medical Attendant, or other Person who makes this Return. *L. S. Spanow M.D.*  
 Address *No 427 N. Stricker St.*  
 Remarks *Child seems to be in good condition*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct 1st 1881*  
 4. Place of Birth, (Street and Number) *173. Presstman St.*  
 5. Full Name of Mother, *Mary E. Brashear*  
 6. Mother's Maiden Name, *Mary E. Pattison*  
 7. Mother's Birthplace, *Kent les. Md.*  
 8. Full Name of Father, *Wm. G. Brashear*  
 9. Father's Occupation, *Clerk in Dry Goods Store*  
 10. Father's Birthplace, *Baltimore. Md.*  
 Name of Medical Attendant, or other Person who makes this Return *A. C. Fox M.D.*  
 Address, *467 W. Fayette Street*  
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1008/881

4. Place of Birth, (Street and Number)

143 W. Dallas

5. Full Name of Mother,

Maggie Barker

6. Mother's Maiden Name,

Maggie Tall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Barker

9. Father's Occupation,

Cigar Factory

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. Waller

Address,

25 W. Madison St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50710

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct. 1<sup>st</sup> 1881*  
 4. Place of Birth, (Street and Number) *Baltimore Parkin st No 117*  
 5. Full Name of Mother, *Maggie Loyd*  
*Dans.*  
 6. Mother's Maiden Name, *Baltimore*  
 7. Mother's Birthplace, *John. Loyd*  
 8. Full Name of Father, *carver*  
 9. Father's Occupation, *Ireland*  
 10. Father's Birthplace, *Mrs. G. Mitchell*  
 Name of Medical Attendant, *or other person who makes return*  
 Address, *No. 58 Parkin St.*  
 Remarks,

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

OCT 18 1887

3. Date of Birth,

375 W. Lombard St

4. Place of Birth, (Street and Number)

Mary V. Thomas

5. Full Name of Mother,

Mary J. French Thiel

6. Mother's Maiden Name,

Charles Versey

7. Mother's Birthplace,

David M. Thomas

8. Full Name of Father,

1200 Market

9. Father's Occupation,

Physician

10. Father's Birthplace,

Theodore Cooke Mrs.

Name of Medical Attendant, or other Person who makes this Return

146 Hanover St

Address,

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50712

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 1 of 1881
4. Place of Birth, (Street and Number) No. 195 Sterling St
5. Full Name of Mother Neage Under
6. Mother's Maiden Name Neage Nigel
7. Mother's Birthplace Baltimore
8. Full Name of Father George Nigel
9. Father's Occupation Laber
10. Father's Birthplace Guamary
- Name of Medical Attendant, or other Person who makes this Return Dr. Crist. na Lauer
- Address 173 Harper St
- Remarks 1881



That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50713

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the
1. Sex (state whether male or female) Boj
2. Race or Color, (if not of the white race) Withe
3. Date of Birth 1 Oktober
4. Place of Birth, (Street and Number) 312 Ann Street
5. Full Name of Mother Rosalie Borkowska
6. Mother's Maiden Name Lignoska
7. Mother's Birthplace Gersan Germany
8. Full Name of Futher Jakub Lignosky
9. Father's Occupation
10. Father's Birthplace Gollantz Germany
- Name of Medical Attendant, or other Person who makes this Return. Maria Guttner
- Address Wolfe Street 245.
- Remarks

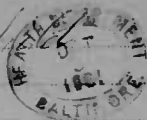
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *2nd 6th*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ...
3. Date of Birth, ... *Oct 1st 81*
4. Place of Birth, (Street and Number) ... *212 928 Hanover St*
5. Full Name of Mother, ... *Caroline Reichen*
6. Mother's Maiden Name, ... *Graneman*
7. Mother's Birthplace, ... *Germany*
8. Full Name of Father, ... *Friedrich Reichen*
9. Father's Occupation, ... *Whealright*
10. Father's Birthplace, ... *Germany*
- Name of Medical Attendant, or other Person who makes this Return, ... *J. Schlegel midwife*
- Address, ... *330 Hanover St.*
- Remarks, ...



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

50713  
DEC 15 1881  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 1st
1. Sex, (state whether male or female).. Male
2. Race or Color, (if not of the white race).. Colored
3. Date of Birth, .. October 15 1881
4. Place of Birth, (Street and Number) .. N. Helen St.
5. Full Name of Mother, .. Lizzie Kattin
6. Mother's Maiden Name, .. Thomas, Cal
7. Mother's Birthplace, .. N. Carroll
8. Full Name of Father, ..
9. Father's Occupation, ..
10. Father's Birthplace, ..
- Name of Medical Attendant, or other Person who makes this Return .. M. L. L. L. L.
- Address, .. 1415 S. Lancaster Alley
- Remarks, ..

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of October*

4. Place of Birth, (Street and Number) *Baltimore Md. Durham St. No 32 South*

5. Full Name of Mother, *Mrs. Emeline Heath*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *New-York*

8. Full Name of Father, *William Heath*

9. Father's Occupation, *A Iron Moulder*

10. Father's Birthplace, *Alexandria*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Morgan*

Address, *47 Durham Street South*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 1st Oct 1<sup>st</sup> 1881
4. Place of Birth, (Street and Number) No 35 Lemon St
5. Full Name of Mother Carolina Lepler
6. Mother's Maiden Name Carolina Beck
7. Mother's Birthplace Germany
8. Full Name of Father Albert Lepler
9. Father's Occupation Piano Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Doll
- Address No 57 Bantree St
- Remarks \_\_\_\_\_



# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

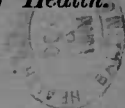


Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Sat Oct 1<sup>st</sup> 1881
4. Place of Birth, (Street and Number) No 872 Pratt St
5. Full Name of Mother Sola Doll
6. Mother's Maiden Name Sola Koeny
7. Mother's Birthplace Frederick City
8. Full Name of Father Louise Doll
9. Father's Occupation Painter
10. Father's Birthplace Balto Maryland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Doll
- Address 41<sup>st</sup> 57 Bantlox St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

50719

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one child

1. Sex (state whether Male or Female).

Male

2. Race or Color (if not of the white race)

white Race

3. Date of Birth

1<sup>st</sup> October

4. Place of Birth (Street and Number)

257 E. Eager St

5. Full Name of Mother

Gottschalk Mary Catharine Schmied

6. Mother's Maiden Name

Baltimore City

7. Mother's Birthplace

Young Bernard Schmied

8. Full Name of Father

Blacksmith

9. Father's Occupation

Oldenburg Goldsmith Germany

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

L. Warden

Address

120 Greenmount Ab

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,

1st October 1881

4. Place of Birth, (Street and Number).....

65 Garden St.

5. Full Name of Mother,

Eliza A. Shrode Marriott

6. Mother's Maiden Name,

Shrode

7. Mother's Birthplace,

B.C.

8. Full Name of Father,

John W. Marriott

9. Father's Occupation,

Coach maker

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

H. W. Orings

Address,

48 McCulloh St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

A Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

Born on the first of October

4. Place of Birth (Street and Number)

Fayet Street, 205

5. Full Name of Mother

Sophia, Brock,

6. Mother's Maiden Name

7. Mother's Birthplace

Raised in Pennsylvania

8. Full Name of Father

Martin, Weber,

9. Father's Occupation

Baker by trade

10. Father's Birthplace

Hessenthal, Prussia

Name of Medical Attendant, or other Person who makes this Return.

Wesley Fisher 38 & notice 83

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>tes</sup> Kind*
1. Sex, (state whether male or female) *Bo. b.*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 1 October*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 262. S. Dallas Str.*
5. Full Name of Mother, *Louise Spinneit Oberdoth*
6. Mother's Maiden Name, *Louise Spinneit*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Oberdoth*
9. Father's Occupation, *Bannermacher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Schaufmann*
- Address, *N<sup>o</sup> 197. S. Dallas Str.*
- Remarks, *Hemme*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50723

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 1st 1901*
4. Place of Birth, (Street and Number) *1020 Pleasant Alley, Baltimore*
5. Full Name of Mother, *Bridget Hennighan Kennedy*
6. Mother's Maiden Name, *Bridget Hennighan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Kennedy*
9. Father's Occupation, *Seafarer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this return *Mrs. Mary E. Carson*
- Address, *171 Washington St*
- Remarks, \_\_\_\_\_

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

517221

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 1st 1881.
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother Emerson Gaynes
6. Mother's Maiden Name Emerson Silver
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles W. Gaynes
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Ellen Hellegers
- Address #182 E Monument St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 1/81
4. Place of Birth (Street and Number) 29 Camden St
5. Full Name of Mother Margaret Latimer
6. Mother's Maiden Name "
7. Mother's Birthplace Virginia
8. Full Name of Father Charles W Latimer
9. Father's Occupation Commission Merchant
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis
- Address 162 H Anson St
- Remarks



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

5072.6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 1st / 1881
4. Place of Birth, (Street and Number) 71 S. - Peters St.
5. Full Name of Mother, Walter Dahme
6. Mother's Maiden Name, " " Maadden
7. Mother's Birthplace, Balt's City
8. Full Name of Father, Peter Dahme
9. Father's Occupation, Builder Maadden
10. Father's Birthplace, Balt's City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary A. Richmond
- Address, 185 E. 2d St.
- Remarks,

# RETURN OF A BIRTH

50727

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Irish

3. Date of Birth,

OCT 14 - 1881

4. Place of Birth, (Street and Number)

88 Carrollton Ave

5. Full Name of Mother,

Kate Ginnar

6. Mother's Maiden Name,

Glaves

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick M. Ginnar

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Gray Smith

Address,

Cor. Townsend and Fremont Sts.

Remarks,

One of twins at 8 months - One born dead - took to bed.  
Very feeble and ill developed but lived 24 hrs.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 1st 1881

4. Place of Birth, (Street and Number)

403 W. Fayette St

5. Full Name of Mother,

Mary A Schofield

6. Mother's Maiden Name,

Mary A Derritz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James N. Schofield

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who  
makes this Return

Anna Dumbler

Address,

60 Schroeder St

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50729

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 1, 1881

4. Place of Birth, (Street and Number)

E. Lombard St. No. 334

5. Full Name of Mother,

Mary Ann Jones

6. Mother's Maiden Name,

C. Warner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Jones

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. L. Brown

Address,

1000 N. E. St.

Remarks,

Wm. L. Brown

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 1st 1881*
4. Place of Birth, (Street and Number) *No 200 Alice Run St*
5. Full Name of Mother, *Friederike Mueller*
6. Mother's Maiden Name, *Guenther*
7. Mother's Birthplace, *Cite*
8. Full Name of Father, *John Mueller*
9. Father's Occupation, *Garber*
10. Father's Birthplace, *Cite*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Peters*
- Address *120 Ray St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50731

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *1st of October*

4. Place of Birth, (Street and Number) *Federal St. 17*

5. Full Name of Mother, *Anna M. Lee*

6. Mother's Maiden Name, *Black*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John M. Lee*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. M. Lee*

Address, *369 Baltimore St.*

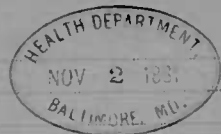
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50732

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 15th October

4. Place of Birth, (Street and Number) Cath. St. 82.

5. Full Name of Mother, Sarah Gaultier

6. Mother's Maiden Name, McLean

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Gaultier

9. Father's Occupation, Mill, Ligger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. A. H. Leggett

Address, 39 Cathedral St.

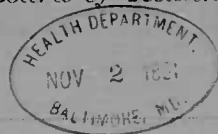
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50733

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 1st '81

4. Place of Birth, (Street and Number)

48 George St.

5. Full Name of Mother,

Mary Catherine Lauer

6. Mother's Maiden Name,

Mary Catherine Jale

7. Mother's Birthplace,

Wid.

8. Full Name of Father,

Michael J. Lauer

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Wid.

Name of Medical Attendant, or other Person who makes this Return.

J. Miller M.D.

Address,

87 Greene St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>  
Male  
White.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 1, 1881

4. Place of Birth, (Street and Number)

7 S. Ecta St.  
Sarah Alice Stewart  
Sarah Alice Gossage.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland  
A. C. Henry Stewart  
Bookkeeper

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Maryland  
J. M. Horch. Md  
78 E. Baltimore St.

Name of Medical Attendant, or other Person who makes this Return

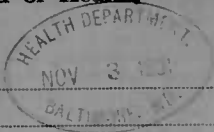
Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1st 1881
4. Place of Birth, (Street and Number) Wilmer Alley
5. Full Name of Mother, Jennie Atkinson
6. Mother's Maiden Name, Jennie Regroth
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, George Atkinson
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mrs A M E S E N Zehl
- Address, 545 Penna ave
- Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30736

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 1<sup>st</sup> 1881

4. Place of Birth, (Street and Number) 188 S. Wolf St

5. Full Name of Mother, Lena Croft

6. Mother's Maiden Name, Stumpf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Croft

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 236 Canton Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White  
2nd of October

3. Date of Birth,

4. Place of Birth, (Street and Number)

Patomac street (No number)

5. Full Name of Mother,

Sarah Ann Bell  
Sarah Ann Allen

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Benjamin Bell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Gullens

Address,

104 Curley street canton

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether ~~male~~ or female) *Female*
2. Race or Color (if not of the white race) *Bright Mulatto*
3. Date of Birth *9<sup>th</sup> 15<sup>th</sup> P.M. 2nd October, 1881.*
4. Place of Birth (Street and Number) *52 Orchard St - Balt<sup>mo</sup> Md*
5. Full Name of Mother *Margaret Jane Blondin*
6. Mother's Maiden Name *Margaret Jane Mason*
7. Mother's Birthplace *Jefferson County - Virginia*
8. Full Name of Father *Thomas Blondin*
9. Father's Occupation *Painter*
10. Father's Birthplace *Northumberland County - Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Smith M.D.*
- Address *236 N. Howard St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50739

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *27th Oct 1881*
4. Place of Birth, (Street and Number) *320 Jones Alley*
5. Full Name of Mother, *Mary Elizabeth*
6. Mother's Maiden Name, *Mary Davis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John P. Davis*
9. Father's Occupation, *Expressman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Pastor*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

50740

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Oct 2<sup>d</sup>  
 4. Place of Birth (Street and Number) 60 Courtland Street.  
 5. Full Name of Mother Virginia Upshur Finney -  
 6. Mother's Maiden Name Lama Ann Eyre Upshur -  
 7. Mother's Birthplace Northampton County, Va.  
 8. Full Name of Father Edward Dorman Finney -  
 9. Father's Occupation Physician  
 10. Father's Birthplace Accomac County, Va.  
 Name of Medical Attendant, or other Person who makes this Return. E. B. Finney  
 Address 60 Courtland St.  
 Remarks \_\_\_\_\_

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50741

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 2<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *432 E. Bay View*
5. Full Name of Mother, *Mary L. Harris*
6. Mother's Maiden Name, *Wm. L. Harris*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Harris*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *Wm. L. Harris*
- Address, *125 W. Calvert St.*
- Remarks,



"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50742

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 7th 1887*

4. Place of Birth, (Street and Number) *324 Light St*

5. Full Name of Mother, *Fannie J. French*

6. Mother's Maiden Name, *Fannie E. Barton*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Edmund B. French*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Theodore L. Cook MD*

Address, *146 N. Main St*

Remarks,

RECEIVED BY THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 2<sup>nd</sup> 1881

4. Place of Birth, (Street and Number)

334 Sharp St.

5. Full Name of Mother,

Mary E. Arnold

6. Mother's Maiden Name,

Mary E. Lutz

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Antony N. Arnold

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook M.D.  
116 N. Hanover St.

Address,

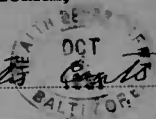
Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

5074-14

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



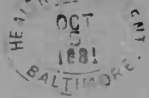
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Walter Agnosta*  
1. Sex, (state whether male or female) *boy*  
2. Race or Color, (if not of the white race) *dark Brown skin*  
3. Date of Birth, *2 of october*  
4. Place of Birth, (Street and Number) *No 21 Sahar Ann Street*  
5. Full Name of Mother, *Elizabeth Coats*  
6. Mother's Maiden Name, *Elizabeth Probian*  
7. Mother's Birthplace, *Baltimore city*  
8. Full Name of Father, *Avery Coats*  
9. Father's Occupation, *Stendare by occupation*  
10. Father's Birthplace, *Lafayette county*  
Name of Medical Attendant, or other Person who makes this Return *Fanny Snowden*  
Address, *60 Sahar Ann Dratt*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50745

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 2*
4. Place of Birth, (Street and Number) *29 Argyle Avenue*
5. Full Name of Mother, *Columbia A. Gaylor*
6. Mother's Maiden Name, *Columbia A. Walker*
7. Mother's Birthplace, *Va*
8. Full Name of Father, *Jesse Gaylor*
9. Father's Occupation, *Boatkeeper*
10. Father's Birthplace, *Cumberland Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. J. J.*
- Address, *St. Louis Mo.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

50746

25  
OCT  
1881  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 2, 1881
4. Place of Birth (Street and Number) 341 South Bond St
5. Full Name of Mother Charles Warren
6. Mother's Maiden Name Charlotte McNeill
7. Mother's Birthplace Scotland
8. Full Name of Father Edward Warren
9. Father's Occupation Seaman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Miss Louisa Smith
- Address Name of Child James Edward Warren
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50747

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)...
3. Date of Birth, ...
4. Place of Birth, (Street and Number)...
5. Full Name of Mother, ...
6. Mother's Maiden Name, ...
7. Mother's Birthplace, ...
8. Full Name of Father, ...
9. Father's Occupation, ...
10. Father's Birthplace, ...

White  
Oct 7 1881  
X 457 1/2 Oregon  
Sarah Filanney  
" Glenview  
Baltimore  
Patrick Filanney  
Laborer  
" Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. E. Spencer  
389 W. Lombard St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50748

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 2 81*
4. Place of Birth, (Street and Number) *No 419 C. Chase St*
5. Full Name of Mother, *Mary C. Morris*
6. Mother's Maiden Name, *Mary C. Albaugh*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Wm B. Morris*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Allwell*
- Address *256 E. Lombard St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50749

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th -
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 2d - 1881 -
4. Place of Birth (Street and Number) W. - 78 N. Street Can St -
5. Full Name of Mother Georgia Campbell
6. Mother's Maiden Name Davis -
7. Mother's Birthplace Baltimore City -
8. Full Name of Father Mrs. J. Campbell
9. Father's Occupation Clark
10. Father's Birthplace Virginia -
- Name of Medical Attendant, or other Person who makes this Return. R. M. Goldsmith, M.D. -
- Address Baltimore W. and Calhoun Sts.
- Remarks



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50750

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2d October 1880*

4. Place of Birth, (Street and Number) *No 708 Charles St*

5. Full Name of Mother, *Augusta Labaree*

6. Mother's Maiden Name, *Augusta Malblanc*

7. Mother's Birthplace, *Massachusetts*

8. Full Name of Father, *William Charles*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. P. McPherson*

Address, *708 Charles St*

Remarks,

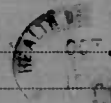
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50751

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, October 22
4. Place of Birth, (Street and Number) 1243 Parkin street
5. Full Name of Mother, Luise Christine Friederike Loebe
6. Mother's Maiden Name, Flohr
7. Mother's Birthplace, Berlin, Germany
8. Full Name of Father, John Friedrich August Loebe
9. Father's Occupation, Draughtsman
10. Father's Birthplace, Berlin, Germany
- Name of Medical Attendant, Mrs Seebach  
or other Person who makes this Return
- Address, 439 West Pratt St
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Baldwin*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*5th*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Oct. 2nd*

4. Place of Birth (Street and Number)

*66 Azyle Ave*

5. Full Name of Mother

*Annie Hanna*

6. Mother's Maiden Name

*" Medaury*

7. Mother's Birthplace

*Balt.*

8. Full Name of Father

*Henry W. Hanna*

9. Father's Occupation

*Bookkeeper*

10. Father's Birthplace

*Harpur Co. Ind.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Silas Baldwin M.D.  
152 Townsend St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd -*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 2nd*
4. Place of Birth (Street and Number) *50 McCarroll St.*
5. Full Name of Mother *Minnie S. Brown*
6. Mother's Maiden Name *Turner*
7. Mother's Birthplace *Char. Co. Md.*
8. Full Name of Father *J. Wiley Brown*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin*
- Address *152 Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111 7
1. Sex (state whether Male or Female) 6 males
2. Race or Color (if not of the white race) White
3. Date of Birth October 2 1881
4. Place of Birth (Street and Number) No 19 Green St Baltimore Md
5. Full Name of Mother Margaret Steyer
6. Mother's Maiden Name Margaret Burns
7. Mother's Birthplace Ireland
8. Full Name of Father John Steyer
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Shell
- Address 442 Pratt St Baltimore Md
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 5 1881
4. Place of Birth (Street and Number) No 1605 Dec St
5. Full Name of Mother Stella Humphrey
6. Mother's Maiden Name " Thompson
7. Mother's Birthplace Washington
8. Full Name of Father Julius Thompson
9. Father's Occupation Plasterer
10. Father's Birthplace Italy
- Name of Medical Attendant, or other person who makes this Return. J. C. Burch M.D.
- Address 105 1/2 Howard St
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child,*  
*Female.*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *2. of October.*
4. Place of Birth, (Street and Number) ..... *No 28 S Mount. St.*
5. Full Name of Mother, ..... *Anne Nieland.*
6. Mother's Maiden Name, ..... *Abendschen.*
7. Mother's Birthplace, ..... *Baltimore.*
8. Full Name of Father, ..... *John. Nieland.*
9. Father's Occupation, ..... *Broom Maker.*
10. Father's Birthplace, ..... *Baden. Europe.*

Name of Medical Attendant, or other Person who makes this Return

Address, .....

Remarks, .....

*Anne Lindner*  
*No 45. S Monroe. St.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct 2<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *160 East St*
5. Full Name of Mother, *Agusta Coates*
6. Mother's Maiden Name, *Agusta Coates*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....
- Name of Medical Attendant, *Harriet Jackson*  
or other Person who makes this Return.
- Address, *45 Forrest St*
- Remarks, .....





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

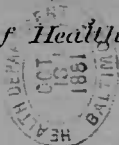


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 2 October
4. Place of Birth, (Street and Number) 421 Gay street
5. Full Name of Mother, Eliza Ullman
6. Mother's Maiden Name, Millhauser
7. Mother's Birthplace, Granton Pennsylvania
8. Full Name of Father, Sam Ullman
9. Father's Occupation, Shoemaker Dealer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs Rosa Ullbig
- Address, 48 Albion street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

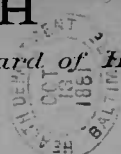


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 October
4. Place of Birth, (Street and Number) 245 Dallas street
5. Full Name of Mother, Eliza Creller
6. Mother's Maiden Name, " Fraunholz
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Creller
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Ullig
- Address, 48 Holland street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *2 October*
4. Place of Birth, (Street and Number) *24 Holland street*
5. Full Name of Mother, *Mary Rohllader*
6. Mother's Maiden Name, *" Meisel*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Rohllader*
9. Father's Occupation, *dyer and scourer of clothes*
10. Father's Birthplace, *Baltimore Md.*
11. Name of Medical Attendant, or other Person who makes this return. *Mrs Rosa Ulbig*
- Address, *48 Holland street.*
- Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22d 1887
4. Place of Birth, (Street and Number) 68 South Broadway
5. Full Name of Mother, Lillie E. McShane
6. Mother's Maiden Name, Bradley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James E. McShane
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return James E. McShane M.D.
- Address, 68 S. Broadway
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall inform, advise or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) ..... 1
1. Sex, (state whether male or ~~female~~) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Oct. 2, 1881
4. Place of Birth, (Street and Number) ..... N. Washington St. No. 118
5. Full Name of Mother, ..... Maryann, Lantzefer
6. Mother's Maiden Name, ..... Bauer
7. Mother's Birthplace, ..... Balt.
8. Full Name of Father, ..... Theodor Lantzefer
9. Father's Occupation, ..... Carpenter
10. Father's Birthplace, ..... Brooklyn, N. Y.
- Name of Medical Attendant, or other Person who makes this Return. ..... Dr. J. M. D. C. C. C.
- Address, ..... South Baltimore No. 14
- Remarks, ..... M. D. C. C.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

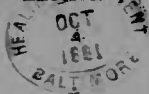


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct 2<sup>nd</sup> 1881
4. Place of Birth, (Street and Number) 175 S. Caroline St.
5. Full Name of Mother, Kate Mueller
6. Mother's Maiden Name, Remsonart
7. Mother's Birthplace, \_\_\_\_\_ City
8. Full Name of Father, John Mueller
9. Father's Occupation, driver
10. Father's Birthplace, \_\_\_\_\_ City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Betz
- Address 120 Park St.
- Remarks, \_\_\_\_\_

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 3 1881
4. Place of Birth, (Street and Number) 24 Elbow Lane
5. Full Name of Mother, Nancy Disaizen
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac Co. Md
8. Full Name of Father, Alfred Disaizen
9. Father's Occupation, Lumberman
10. Father's Birthplace, Accomac Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address, 71 Bergunde, City
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 3rd 1881*

4. Place of Birth, (Street and Number) *14 Randolph St*

5. Full Name of Mother, *Sarah C. Jones*

6. Mother's Maiden Name, *Sarah C. Roberts*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *John A. Jones*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *West Co. Md*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cook, M.D.*

Address, *140 S. E. Ave*

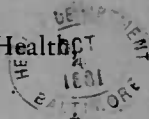
Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *October the 3 1891*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *October 3 1891*
4. Place of Birth (Street and Number) *West Street 2001*
5. Full Name of Mother *Lucy Tate*
6. Mother's Maiden Name *Lucy Dige*
7. Mother's Birthplace *in Baltimore*
8. Full Name of Father *in Baltimore*
9. Father's Occupation *Sailor*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this return *Liam Chamberlind M.D. Wife*
- Address *West Street 155*
- Remarks

# RETURN OF A BIRTH, <sup>50767</sup>

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 3<sup>rd</sup> 1897
4. Place of Birth, (Street and Number) # 6 Howard St.
5. Full Name of Mother Mary Madecornus
6. Mother's Maiden Name Mary Gullingbrook
7. Mother's Birthplace Baltimore
8. Full Name of Father George Madecornus
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Roth
- Address # 324 A. East Ave.
- Remarks Out of premature birth



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50768

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

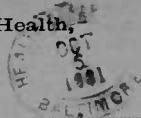


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *M.*
2. Race or Color (if not of the white race) *C.*
3. Date of Birth *October 3<sup>rd</sup> 1887*
4. Place of Birth (Street and Number) *No 339 E. Bager Street*
5. Full Name of Mother *Kate Quick*
6. Mother's Maiden Name *Kate Love*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Kenny Quick*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Chas M. Morfit M.D.*
- Address *No 67 East 13th St*
- Remarks *Dry - tedious labor - Vertex presentation first position.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 2nd, 1901*

4. Place of Birth, (Street and Number) *10 Bond St. 106*

5. Full Name of Mother, *Christine Halden*

6. Mother's Maiden Name, *Christine Jung*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Herman Halden*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, *Mary E. Miller*  
or other Person who makes this Return

Address, *1101 N. 1st St.*

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first*

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 3, 1881*

4. Place of Birth, (Street and Number) *N. Dallas St. No. 24*

5. Full Name of Mother, *Margarettha Schaefer*

6. Mother's Maiden Name, *Margarettha Schaefer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *August Schaefer*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return

Address, *N. Dallas St. No. 24*

Remarks.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

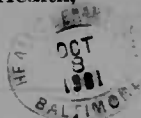
OCT 7 1881  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st of October*
4. Place of Birth, (Street and Number) *147 West St*
5. Full Name of Mother, *Little Kimmner*
6. Mother's Maiden Name, *Lizzie Thorne*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Kimmner*
9. Father's Occupation, *Carriage Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Joseph L. Lippincott*
- Address, *No. 11 West St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 3rd*

4. Place of Birth, (Street and Number) *No. 20 S. Bond St*

5. Full Name of Mother, *Mary Virginia*

6. Mother's Maiden Name, *Schonte*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frank Virginia*

9. Father's Occupation, *Boat Keeper*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. G. E. Ke*

Address, *53 S. Bond St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 3rd*
4. Place of Birth, (Street and Number) *No 12 E Pratt St*
5. Full Name of Mother, *Mary Trautner*
6. Mother's Maiden Name, *Manner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Trautner*
9. Father's Occupation, *Labrer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who made this Return, *Mrs Getzke*
- Address, *0-5 S. Bond St*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Bright Malato*
3. Date of Birth *Oct. 3 - 1881*
4. Place of Birth (Street and Number) *240 Vine St.*
5. Full Name of Mother *Phemie Tomlin*
6. Mother's Maiden Name *Phemie Hanco*
7. Mother's Birthplace *Northampton, England Co Va*
8. Full Name of Father *James Washington Tomlin*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Essex Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Richardson*
- Address *117 Baker St. Baltimore City*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 3d 1881
4. Place of Birth, (Street and Number) N.W. corner Park & Monument Sts
5. Full Name of Mother Ida Hodges Teachle
6. Mother's Maiden Name Ida Hodges
7. Mother's Birthplace Baltimore City
8. Full Name of Father Dr. H. Geo. H. Teachle
9. Father's Occupation Physician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this report H. C. Wilson Jr
- Address 146 Park St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

both doing well -

female  
white -  
Oct-31 1891  
17 Greenmount ave -  
E. J. Gray -  
E. J. (Dont Know)  
Balti. Co  
J. E. Gray -  
Salesman  
Balti. Co -  
D. Street M.D.

143 N. E. 1st St.

L. O. & A - 8 hrs forep. applied -

D.S.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Land*
1. Sex, (state whether male or female) *Bo*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *geboren den 3ten October*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 223 Eastern Av*
5. Full Name of Mother, *Louise Röstner*
6. Mother's Maiden Name, *Louise Knapp.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg Röstner*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Laufmann*
- Address, *N<sup>o</sup> 197 E. Döllers Str*
- Remarks, *Haus*

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51778

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3 1901
4. Place of Birth, (Street and Number) 1203 North Water St.
5. Full Name of Mother, Mrs. State Dunn
6. Mother's Maiden Name, State Heller
7. Mother's Birthplace, County Down, Ireland
8. Full Name of Father, John Dunn
9. Father's Occupation, Farmer
10. Father's Birthplace, County Down, Ireland
- Name of Medical Attendant, Dr. J. J. L. L. or other Person who makes this Return
- Address, 1203 North Water St.
- Remarks, Ne 20 & L. L. L. L.

50779

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child  
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

3 of October. 1881.

4. Place of Birth, (Street and Number)

No. 58. Frederick av.

5. Full Name of Mother,

Maria Sieghfried

6. Mother's Maiden Name,

" " Liss.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John. Sieghfried

9. Father's Occupation,

Butcher.

10. Father's Birthplace,

Hessen.

Name of Medical Attendant, or other Person who make this Return

Anne Ländner.

Address,

No 45 S Monroe. St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

(state whether male or female)

female

or Color, (if not of the white race)

Caucasian

of Birth,

Of No. 1111 W. 3 1881

of Birth, (Street and Number)

165 York St

Name of Mother,

Jessie B. Lee Stone

her's Maiden Name,

Jessie B. Lee Stone

her's Birthplace,

Born in W. Va. Co.

Name of Father,

Jessie B. Lee Stone

her's Occupation,

Barber

her's Birthplace,

W. Va. Co.

name of Medical Attendant, or other Person who makes this Return

Dr. J. S. Drury

Address,

No. 1 paper pa Ave. me

Remarks,

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50781

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 3rd 1891*
4. Place of Birth, (Street and Number) *326 Canton St. Baltimore Md.*
5. Full Name of Mother, *Caroline Keller* *Unmarried*
6. Mother's Maiden Name, *Caroline Keller*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Jesse Whitten*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs Mary E. Smith*

or other Person who makes this Return

Address, *171 South Washington St*

Remarks,



\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.\*

# RETURN OF A BIRTH

50782

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 3<sup>rd</sup> 87

4. Place of Birth, (Street and Number) # 125 Leadenhall St.

5. Full Name of Mother, Caroline Rumpf

6. Mother's Maiden Name, " Rheinhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Rumpf

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hessau Harmsstadt.

Name of Medical Attendant, Mary Koch  
or other Person who makes this Return

Address, # 328 J. Eutaw St.

Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50753

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1<sup>st</sup>)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 3<sup>d</sup> 1881

4. Place of Birth, (Street and Number)

337 Howard Ave

5. Full Name of Mother,

Ellen Eberle

6. Mother's Maiden Name,

" Buck

7. Mother's Birthplace,

Cumberland Md

8. Full Name of Father,

W. Eberle

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Miller

Address,

776 Harbor Ave

Remarks,

1886

and any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50784

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 11th.
4. Place of Birth, (Street and Number) 12 Barnes
5. Full Name of Mother, Barbara Kucera
6. Mother's Maiden Name, Varicka
7. Mother's Birthplace, Volens Bohemia
8. Full Name of Father, Franc Kucera
9. Father's Occupation, Tailor
10. Father's Birthplace, Triton Bohemia
- Name of Medical Attendant, or other Person who makes this Return Josephine Kennedy
- Address 20 Barnes St.
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct 3<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *No. 182 Eastern Ave*
5. Full Name of Mother, *Anna Salbeck*
6. Mother's Maiden Name, *" Mueller*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Chas. Salbeck*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*
- Address, *120 Banks St.*
- Remarks, \_\_\_\_\_

5078j

HEALTH DEPARTMENT.  
NOV 2 1931  
BALTIMORE, MD.

4th

- Male

Stiller, M.D.

59 Greene St

Remarks.

Wm. J. O'Sullivan & Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st born
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct. 4th/81. (H. & S. B. M.)
4. Place of Birth, (Street and Number) 327 W. Biddle St.
5. Full Name of Mother Connie C. MacKall
6. Mother's Maiden Name Chen,
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Joseph MacKall
9. Father's Occupation Cigar Maker
10. Father's Birthplace Eastern Shore of Md.
- Name of Medical Attendant, or other Person who makes this Return. H. R. Tottenhoff, M.D.
- Address 205 W. Biddle St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the mother's name, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *October 4 - 81*
4. Place of Birth, (Street and Number) *No. 250 N. Wolfe St.*
5. Full Name of Mother, *Sarah Martin*
6. Mother's Maiden Name, *Sarah Davis*
7. Mother's Birthplace, *Illinois*
8. Full Name of Father, *Robert H. Martin*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Thos. A. Wilson*
- Address, *246 N. Danagh St*
- Remarks, .....



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_ male

2. Race or Color, (if not of the white race) \_\_\_\_\_ white

3. Date of Birth \_\_\_\_\_ born on the 4th of Oct. 1881

4. Place of Birth, (Street and Number) \_\_\_\_\_ 15 Banteloc St.

5. Full Name of Mother \_\_\_\_\_ Mrs. Imhoff

6. Mother's Maiden Name \_\_\_\_\_ Maggie Miller

7. Mother's Birthplace \_\_\_\_\_ born in the City of Balt. M.D.

8. Full Name of Father \_\_\_\_\_ John Imhoff

9. Father's Occupation \_\_\_\_\_ Bristle Finisher

10. Father's Birthplace \_\_\_\_\_ born in Prussian D. German

Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_ Mrs. Miller

Address \_\_\_\_\_ 117 N. Pratt St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth *born on the 4<sup>th</sup> of Oct. 1881*
  4. Place of Birth, (Street and Number) *96 = 98 Frederick Street*
  5. Full Name of Mother *Mrs. Reinhard*
  6. Mother's Maiden Name *Miss Helwick*
  7. Mother's Birthplace *born in Prussian Germany*
  8. Full Name of Father *George J. Reinhard*
  9. Father's Occupation *Blacksmith*
  10. Father's Birthplace *born in Bavaria, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller*
- Address *147 18<sup>th</sup> Pratt St.*
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30792

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4<sup>th</sup>
4. Place of Birth, (Street and Number) No 34 Central ave.
5. Full Name of Mother, Margaret Clemens
6. Mother's Maiden Name, " J Rohleder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Clemens
9. Father's Occupation, Labo work
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sophia Simon
- Address, No 20 Gray St.
- Remarks, \_\_\_\_\_

Persons having charge of, or in charge of, any child, or of any person in charge, who shall attend, or be  
 present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50793

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 4<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No 91 Randell st*
5. Full Name of Mother, *Margaret Waters*
6. Mother's Maiden Name, *Margaret Watson*
7. Mother's Birthplace, *Lancashire England*
8. Full Name of Father, *Thomas J. Waters*
9. Father's Occupation, *Fireman on B & O R R*
10. Father's Birthplace, *London Co Va*
- Name of Medical Attendant, *Elizabeth Highton*  
or other Person who makes this Return.
- Address, *No 666 D Charles st*
- Remarks, *enterogation 7 months*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50774

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 4 October
4. Place of Birth, (Street and Number) 68 S High
5. Full Name of Mother, Marie Praver
6. Mother's Maiden Name, Herrman
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Charles Praver
9. Father's Occupation, Taylor
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other Person who makes this Return Mrs Peter Caffrey
- Address, 72 E Lombard
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 4<sup>th</sup> 1881

4. Place of Birth (Street and Number) 173 S. Dallas St

5. Full Name of Mother Mary Brown

6. Mother's Maiden Name Mary Brown

7. Mother's Birthplace St Mary Co. Md.

8. Full Name of Father Charles Brown

9. Father's Occupation Can. Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm N. Hill M.D.

Address 196 E. Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Ge lür  
1. Sex (state whether Male or Female) Bub  
2. Race or Color (if not of the white race) Weiß  
3. Date of Birth Den 4 Oktober  
4. Place of Birth (Street and Number) H Bond 17 No 189  
5. Full Name of Mother Marie Linsold  
6. Mother's Maiden Name Marie Dvorak  
7. Mother's Birthplace Bofemien  
8. Full Name of Father ~~Joseph~~ Albert Dvorak  
9. Father's Occupation ~~Besemmer~~ Ingleser  
10. Father's Birthplace Bofemien  
Name of Medical Attendant, or other Person who makes this Return Leharne  
Address Teresia Boerz H Bond 17 No 189  
Remarks Baltire Den 8 Oktober 1881

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-st  
(state whether male or female) female  
or Color, (if not of the white race) white race  
of Birth October the 2<sup>nd</sup>  
of Birth, (Street and Number) Baltimore Hamburg St No 112  
Name of Mother Elisabeth Turner  
er's Maiden Name Elisabeth Bailey  
er's Birthplace Baltimore  
Name of Father John Turner  
er's Occupation laborer  
er's Birthplace Baltimore  
of Medical Attendant, or other Person who makes this Return. Elisabeth Leithorn  
William St No 344  
arks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5-15*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 2<sup>d</sup> 1891*
4. Place of Birth, (Street and Number) *11 Portugal Alley*
5. Full Name of Mother, *Mrs. Vogel Bradley*
6. Mother's Maiden Name, *Mrs. Vogel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Bradley*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *America*

Name of Medical Attendant, *Mrs. Mary E. Simon*

Address, *171 N. Washington St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 October
4. Place of Birth, (Street and Number) 195 East street
5. Full Name of Mother, Lora Horstman
6. Mother's Maiden Name, " Lang
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frederick Horstman
9. Father's Occupation, cigar Maker
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who  
made this Return, Mrs. Rosa Allig
- Address, 48 Hall and street
- Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 4<sup>th</sup> 1881
4. Place of Birth, (Street and Number) #82 Green Mount Ave.
5. Full Name of Mother Hizzie Miller
6. Mother's Maiden Name Edith Petig
7. Mother's Birthplace Chesapeake
8. Full Name of Father Andrew Miller
9. Father's Occupation Grocery & Cigar Store
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Maria Hillegeist
- Address #182 E. Monument St.
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 4th 1881*
4. Place of Birth, (Street and Number) *No 225 North W. Baltimore St.*
5. Full Name of Mother, *Elizabeth Gates Sands*
6. Mother's Maiden Name, *Nardette*
7. Mother's Birthplace, *Richmond Virginia*
8. Full Name of Father, *Samuel George Taylor Sands*
9. Father's Occupation, *Carver*
10. Father's Birthplace, *Chambersburg Pa*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Emilie M. Wendt M.D.*  
*No 225 N. Lombard St.*  
*Baltimore Md*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *October 4th. 1881*  
4. Place of Birth, (Street and Number) *Woll St. near the Tunnel*  
5. Full Name of Mother, *Larkin Young*  
6. Mother's Maiden Name, *Larkin Brown*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Fred Young*  
9. Father's Occupation, *Milk dairy*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt*  
Address, *No. 185 E. E. cor Central av. & Monument St.*  
Remarks, *Well*

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50803

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Oct. 21. 1881
4. Place of Birth, (Street and Number)..... E. Lombard St. No. 363
5. Full Name of Mother,..... Catherine King
6. Mother's Maiden Name,..... Thomas
7. Mother's Birthplace,..... Balt.
8. Full Name of Father,..... Benjamin King
9. Father's Occupation,..... Co. Gunner in the U.S. Army
10. Father's Birthplace,..... Ga.
- Name of Medical Attendant, or other Person who makes this Return,..... Dr. J. H. P. Beach
- Address,..... 24th W. 1st St. No. 11
- Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Oct. 4<sup>th</sup> 1881  
 4. Place of Birth, (Street and Number) 272 Light St.  
 5. Full Name of Mother Mary Ella Williams  
 6. Mother's Maiden Name Johnson  
 7. Mother's Birthplace Va  
 8. Full Name of Father Frederick Williams  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Pa  
 Name of Medical Attendant, or other Person, who makes this Return. R. C. Lee  
 Address N. W. cor. Howard & Barr  
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct 4<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 211 S Bond St
5. Full Name of Mother, Lizzie Sherman
6. Mother's Maiden Name, McMahon
7. Mother's Birthplace, City
8. Full Name of Father, Isaac Sherman
9. Father's Occupation, Sugar Manufacturer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz
- Address, 120 Bond St
- Remarks, \_\_\_\_\_

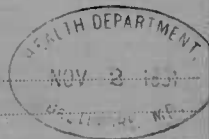


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50806

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1st  
Male  
White  
Oct 4 1931  
11 years  
James G. Bitchell  
James G. Bitchell  
New York  
Martin G. Bitchell  
Teacher  
Baltimore  
Mrs. M. G. Bitchell  
111 N. Holliday St.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female) ...

Female.

2. Race or Color, (if not of the white race) ...

White.

3. Date of Birth, ...

October 4<sup>th</sup>

4. Place of Birth, (Street and Number) ...

112 Warner St.

5. Full Name of Mother, ...

Elizabeth Hermann.

6. Mother's Maiden Name, ...

Elizabeth Diefenthal

7. Mother's Birthplace, ...

Shrewsbury, Pennsylvania

8. Full Name of Father, ...

Frederick Moritz Hermann.

9. Father's Occupation, ...

Carpenter.

10. Father's Birthplace, ...

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. D. Minich

Address, ...

1 Lovejoy St.

Remarks, ...

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Female

White,

Oct. 4<sup>th</sup> 1881.

250 E. Fayette St.

Anna Ann Douglas

Phillips

Baltimore

Wm Douglas.

Mariner

Maryland

A. H. Eick, M.D.

94 W. Broadway.

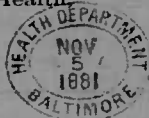
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50809

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 4/81*
4. Place of Birth, (Street and Number) *41 Essex St*
5. Full Name of Mother, *Louise Fink*
6. Mother's Maiden Name, *Gimmermann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Fink*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Kraft*
- Address, *1236 Canton Ave*
- Remarks,

and any physician, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50810

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Female

White

Oct 4/11

120 Thames St.

Ellen Suckman

Samuel

Baltimore

Henry Suckman

Bookbinder

Baltimore

Mrs. Louise Hall

# 36 Canton Ave

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4<sup>th</sup> 1881
4. Place of Birth, (Street and Number) #294 S. Spring St.
5. Full Name of Mother, Mary May
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, August May
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft
- Address, #236 Canton Ave
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30812

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

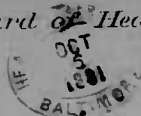
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 5 - 1887*
4. Place of Birth, (Street and Number) *No. 436 E. Eager St.*
5. Full Name of Mother, *Maggie R. Lambert*
6. Mother's Maiden Name, *Maggie R. Bruce*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James H. Lambert*
9. Father's Occupation, *Sign painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Allwell*
- Address *286 W. Donagh St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50813

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 5, 1881
4. Place of Birth, (Street and Number) No. 6 Gould Lane Balt Md.
5. Full Name of Mother, Margaret Wroten
6. Mother's Maiden Name, Margaret Walton.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Wroten.
9. Father's Occupation, Engin Maker.
10. Father's Birthplace, Dorchester Co.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Nahr.
- Address, 107 Johnson St.
- Remarks,

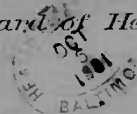


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50814

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 5, 1881.
4. Place of Birth, (Street and Number) Baltimore, No - Randall st. and Charles.
5. Full Name of Mother, A. H. Bowen
6. Mother's Maiden Name, A. S. Melhains.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Bowen
9. Father's Occupation, Car Driver.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash.
- Address, 107 Johnson St.
- Remarks,

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50815

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Oct. 5, 1881.
4. Place of Birth, (Street and Number) No. - Hamburg St. Baltimore Md.
5. Full Name of Mother, Mary Eller.
6. Mother's Maiden Name, Mary Brown.
7. Mother's Birthplace, Louisville, Ky.
8. Full Name of Father, Peter Eller.
9. Father's Occupation, Car Maker.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Nash.
- Address, 187 Johnson St.
- Remarks,



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50816

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 5 - 81
4. Place of Birth, (Street and Number) 111 W. Lombard St. (Maternity)
5. Full Name of Mother, Mattie Thornton (nee)
6. Mother's Maiden Name, Perry
7. Mother's Birthplace, Russell Co. Va.
8. Full Name of Father, Wm Thornton
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Stamilton, Va.
- Name of Medical Attendant, or other Person who makes this Return L. L. Boring M.D.
- Address. 111 W. Lombard St.
- Remarks. Legitimate - Child Normal. No Risk

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50817

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *Oct. 5<sup>th</sup> 81*
4. Place of Birth, (Street and Number) *141 W. Lombard St (Maternity)*
5. Full Name of Mother, *Maria Piles (col)*
6. Mother's Maiden Name, *Stephen Perry Wm*
7. Mother's Birthplace, *Michigan*
8. Full Name of Father, *William*
9. Father's Occupation,
10. Father's Birthplace, *L. L. Biting Md*
- Name of Medical Attendant, or other Person who makes this Return *141 W. Lombard St*
- Address
- Remarks *Legitimate - L. O. I. Ant. Normal*



Form No. 1 of the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50815

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 5<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

145 W. Lombard St (Maternity)

5. Full Name of Mother,

Rebecca Rainburg

6. Mother's Maiden Name,

Friedrich

7. Mother's Birthplace,

8. Full Name of Father,

Musgrave

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. L. Boring M.D.  
145 W. Lombard St

Address,

Remarks,

Legitimate L. O. I. A

Return of a Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50819

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
subscribes this Return

Address,

Remarks,

Male One child

Male Colored Race

Oct 5 1881

8 Jefferson St. Court N 8

Margery Watts  
Anderson County

Lucinda W. W. W.

137 Register St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50820

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, ..

Address, ..

Remarks, ..

or other Person who  
makes this Return



Female

Caucasian

Wednesday Oct. 5 - 1881

561 W. Fayette St.

May Haller

May Haynes

Toronto, Canada

F. Frank Haller

Telegraph Operator

Frederick Maryland

Demmett Morris M.D.

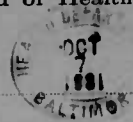
561 W. Fayette St

of age at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50831

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5<sup>th</sup>
4. Place of Birth, (Street and Number) No. 64 Register St.
5. Full Name of Mother, Samie All
6. Mother's Maiden Name, " Rutledge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John All
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this return E. J. H. Simon
- Address, No. 71 Gray St.
- Remarks, \_\_\_\_\_

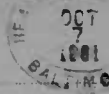


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 October*

4. Place of Birth, (Street and Number) *N. 4th & Royal Ave*

5. Full Name of Mother, *Marie Elizabeth*

6. Mother's Maiden Name, *Liese Pfeiffer*

7. Mother's Birthplace, *Hessen*

8. Full Name of Father, *Charles Wilhelm*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Hessen*

Name of Medical Attendant, or other Person who make this Return *Joseph Friedlander*

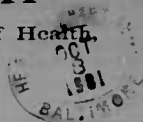
Address, *1200 N. 4th St*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) ..
2. Race or Color, (if not of the white race) ..
3. Date of Birth, ..
4. Place of Birth, (Street and Number) ..
5. Full Name of Mother, ..
6. Mother's Maiden Name, ..
7. Mother's Birthplace, ..
8. Full Name of Father, ..
9. Father's Occupation, ..
10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

Third  
Female,  
White.

October 5<sup>th</sup> 1881.

Port alley near Aliciam St.

Mrs. Lena Geise.

Miss Lena Bigerman

Baltimore City.

George Geise

Laborer

Baltimore City.

Mrs. Rachel A. Garrett.

No 65 Burke St.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50824

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 5 October
4. Place of Birth, (Street and Number) 107 N. High
5. Full Name of Mother, Ellis Res. B. 12
6. Mother's Maiden Name, Warner
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Res. B. 12
9. Father's Occupation, Gas. Res. B. 12
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Sara Casper
- Address 72 E. Lombard
- Remarks, \_\_\_\_\_



"That any physician, secondent, midwif, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50823

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *5 October*
4. Place of Birth, (Street and Number) *6 Pratt*
5. Full Name of Mother, *Fernsistera Montfalcone*
6. Mother's Maiden Name, *Di Martire*
7. Mother's Birthplace, *Italia*
8. Full Name of Father, *Don. Montfalcone*
9. Father's Occupation, *Consul d'Affare*
10. Father's Birthplace, *Italia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Pass Caputo*
- Address *72 W. Lombard*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 5 1891*
4. Place of Birth (Street and Number) *17 S Exeter St*
5. Full Name of Mother *Elizabeth Hochberger*
6. Mother's Maiden Name *Elizabeth Hempel*
7. Mother's Birthplace *City -*
8. Full Name of Father *Nathaniel Hochberger*
9. Father's Occupation *Merchant*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. H. H. H. H.*
- Address...
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
Oct 5 1891  
2228 W Lombd  
Jennie Ambach  
Jennie Burgunder  
City  
Michael Ambach  
Merchant  
Germany  
A. H. Wood MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 14 5th
4. Place of Birth (Street and Number) Biddle St. No 103
5. Full Name of Mother Margaret Routten
6. Mother's Maiden Name Mc Lane
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Routten
9. Father's Occupation Clark
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Guy
- Address No 13 Hollands St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1115 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 5 1881
4. Place of Birth (Street and Number) 1115 87 Parkin St Baltimore
5. Full Name of Mother Laura M. Swan
6. Mother's Maiden Name Laura M. Bolman
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Swan
9. Father's Occupation Gaboner
10. Father's Birthplace Richmond Va
- Name of Medical Attendant, or other Person who makes this Return. Mrs J. Kelly
- Address 292 Pratt St Baltimore
- Remarks



notice of birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 of October.  
No 59. Lemon. St.  
Bright Mc. merney.  
Shanks.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Erland.  
Mykel. Mc. merney.  
Labour

8. Full Name of Father,

9. Father's Occupation,

Erland.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner.  
No 45. Monroe. St.

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

Caucasian

Date of Birth,

October 5 1881

Place of Birth, (Street and Number)

44 Winters St No 12

Full Name of Mother,

Caroline Knapp

Mother's Maiden Name,

Caroline Smith

Mother's Birthplace,

North Thimble Point Virginia

Full Name of Father,

Mr Jones

Father's Occupation,

Common man

Father's Birthplace,

North Thimble Point Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr J. D. S. S. S.

Address,

No 1 1/2 W. 1st St Baltimore

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 8<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *136 South Spring st*
5. Full Name of Mother, *Caroline Herman Janetzke*
6. Mother's Maiden Name, *Caroline Herman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. A. Janetzke*
9. Father's Occupation, *Cann Maker*
10. Father's Birthplace, *Pussia Germany*

Name of Medical Attendant, *Mrs. Mary E. Cline*  
or other Person who makes this Return

Address, *171 N. Washington st*

Remarks,

On the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-9-57  
50133  
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Michael Wolff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 5th 1881

4. Place of Birth, (Street and Number) 40 Harrison st.

5. Full Name of Mother, Mathilda Wolff.

6. Mother's Maiden Name, " Neumann

7. Mother's Birthplace, Poland

8. Full Name of Father, Herman Wolff.

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland.

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Reinster

Address, 1136 Lombard st.

Remarks,

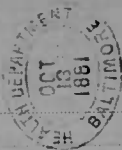


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50834

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 5th 1881*
4. Place of Birth, (Street and Number) *49 Low st.*
5. Full Name of Mother, *Emma Max Kubisky*
6. Mother's Maiden Name, *Altman*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Max Kubisky*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this return. *Mrs. E. Bernstein*

Address, *113 E. Lombard st.*

Remarks,

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50835

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) Wht
3. Date of Birth 5 October
4. Place of Birth, (Street and Number) Kentri
5. Full Name of Mother Lubana Fisher
6. Mother's Maiden Name " Foster
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Fisher
9. Father's Occupation Farm
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Back Street No 143.
- Address W.S. Janner
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) \*170 Madison St
5. Full Name of Mother Mary Queen
6. Mother's Maiden Name Mary Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father William Queen
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Dr. Dina M. McGeist
- Address 4182 G. Monument St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth 3th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Whit.*
3. Date of Birth *Oct. 3th*
4. Place of Birth (Street and Number) *Corn. Minor and Cambridge Sts.*
5. Full Name of Mother *Mary, Catharine Armstrong*
6. Mother's Maiden Name *Doehlin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Armstrong*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Johnna Doehlin*
- Address *No 10 Johnna Doehlin, 115 W. Chesapeake St.*
- Remarks *Infant "Belle" 11th*



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 5th 1881*
4. Place of Birth, (Street and Number) *No 227 N. Center av.*
5. Full Name of Mother, *Katie Kiehl*
6. Mother's Maiden Name, *Katie Beddinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Kiehl*
9. Father's Occupation, *Resturant.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt.*
- Address, *185 E. E. cor Center av & Monument*
- Remarks, *All Well*

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50531

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Colard

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

Colard

3. Date of Birth,

24 Nov 1881

4. Place of Birth, (Street and Number)

187 1/2 St

5. Full Name of Mother,

Sarah Hollam

6. Mother's Maiden Name,

Sarah Peale

7. Mother's Birthplace,

Eastern Shore Md.

8. Full Name of Father,

George I. Peale

9. Father's Occupation,

Carpenter Shuckering

10. Father's Birthplace,

Eastern Shore V.A.

Name of Medical Attendant, (or other Person who makes this Return.)

No medical in good

Address,

22 Winters St

Remarks,

Return at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boys

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Oct.

4. Place of Birth, (Street and Number) 45 Barnes

5. Full Name of Mother, Barbara Bender

6. Mother's Maiden Name, Elizabeth Bender

7. Mother's Birthplace, Huss Bohemia

8. Full Name of Father, Wenzel Bender

9. Father's Occupation, Laborer

10. Father's Birthplace, Polish Bohemia

Name of Medical Attendant, Josephine Hancock  
or other Person who makes this Return

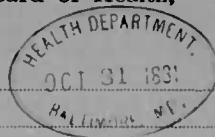
Address, 45 Barnes St.

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 5, 1881*
4. Place of Birth, (Street and Number) *309 Madison Ave*
5. Full Name of Mother, *Mary Browne*
6. Mother's Maiden Name, *" Wheelright*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Tracy Browne (now dead)*
9. Father's Occupation, *Drum Major U.S.A.*
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this return *D. C. Williams*
- Address, *201 Madison Ave*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 5*
4. Place of Birth, (Street and Number) *1028 South Eastern St*
5. Full Name of Mother, *Margarette, J. H. Knight*
6. Mother's Maiden Name, *Boehm*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Lewis Knight*
9. Father's Occupation, *Seagr maker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, .....

Remarks, .....

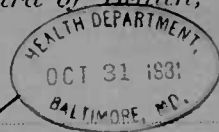
*60 North Schroeder St*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50843

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth,

October 6<sup>th</sup> 1881

4. Place of Birth, (Street and Number) .....

62 Camden. St.,

5. Full Name of Mother, ..

Catherine Metzger,

6. Mother's Maiden Name, ..

" Leutner,

7. Mother's Birthplace, .....

Balto. City -

8. Full Name of Father,

Saml. Metzger,

9. Father's Occupation,

Notions.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall, M.D.,

Address,

152 Sharp. St.,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 5, 1881

4. Place of Birth (Street and Number)

20 Montrose St

5. Full Name of Mother

Ananda Carrigan

6. Mother's Maiden Name

Applitz

7. Mother's Birthplace

Princeton, Georgia

8. Full Name of Father

William J. Carrigan

9. Father's Occupation

Cabinet Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hood, M.D.

Address

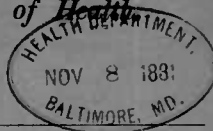
322 Hollins St.

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 5th 1887
4. Place of Birth, (Street and Number) 377 N. Canal St
5. Full Name of Mother Annie Mary Buser
6. Mother's Maiden Name Richards
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Buser
9. Father's Occupation Barber
10. Father's Birthplace York Pa
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. D. D. D.
- Address 474 N. E. 5th St
- Remarks \_\_\_\_\_



Livings in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

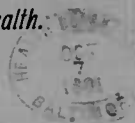
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *no 15 (Halong Street) City*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Brown Skin*
3. Date of Birth, *Oct 16*
4. Place of Birth, (Street and Number) *no 15 Robora Street*
5. Full Name of Mother, *Savina Brown*
6. Mother's Maiden Name, .....
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Brown*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this Return *Georgeanna Webb*
- Address, *no 104 South Street*
- Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Octo. 6<sup>th</sup> 91*

4. Place of Birth (Street and Number) *268 2 John St*

5. Full Name of Mother *Mary Lizzie Schroeder*

6. Mother's Maiden Name *Mary Lizzie Richmond*

7. Mother's Birthplace *Baltz.*

8. Full Name of Father *John Erdman Schroeder*

9. Father's Occupation *Stair builder*

10. Father's Birthplace *Baltz.*

Name of Medical Attendant, or other Person who makes this Return. *James McLean*

Address... *179 Monument St*

Remarks

Twelve months after the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50848

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... 6 October
4. Place of Birth, (Street and Number) ..... D. Eden
5. Full Name of Mother, ..... Marie M. Brown
6. Mother's Maiden Name, ..... Maguire
7. Mother's Birthplace, ..... Ireland
8. Full Name of Father, ..... Henri M. Brown
9. Father's Occupation, ..... Tavern Keeper
10. Father's Birthplace, ..... Ireland
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Sarah Wagner
- Address ..... J. E. Leonard
- Remarks .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

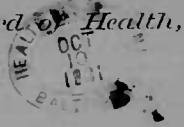


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Oct. 6th, 1881
4. Place of Birth, (Street and Number) 22 Church St. Baltimore Md.
5. Full Name of Mother, Rosana Lockerman
6. Mother's Maiden Name, Rosana Ante.
7. Mother's Birthplace, Delaware.
8. Full Name of Father, John Lockerman
9. Father's Occupation, Mariner.
10. Father's Birthplace, Worcester Co.
- Name of Medical Attendant, or other Person who make this Return. Bro. Nash.
- Address, 107 Johnson St. Balt. Md.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

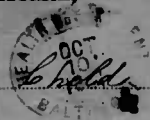


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 6th. 1881
4. Place of Birth, (Street and Number) 14 Randall St. Baltimore md.
5. Full Name of Mother, Sarah Katherine Jones.
6. Mother's Maiden Name, Sarah Roberts.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Daniel S. Jones.
9. Father's Occupation, Bookbinder.
10. Father's Birthplace, Kent. Co
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash.
- Address, 107 Johnson St.
- Remarks,

# RETURN OF A BIRTH

30857

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth (4<sup>th</sup>)  
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Thursday October sixth (6<sup>th</sup>)

4. Place of Birth, (Street and Number)

78 Portland St.

5. Full Name of Mother,

Annie Donovan

6. Mother's Maiden Name,

Annie Dundon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael J. Donovan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City of Cork Ireland

Name of Medical Attendant, or other Person who makes this Return

Catherine Seebach

Address,

439 West Pratt St.

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

At the City of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6th October*
4. Place of Birth, (Street and Number) *N. 63 Ramsey st*
5. Full Name of Mother, *Carrie Stonehill*
6. Mother's Maiden Name, *Carrie Stonehill*
7. Mother's Birthplace, *Ger. Breddan Germany*
8. Full Name of Father, *Joseph Noble*
9. Father's Occupation, *Lumber*
10. Father's Birthplace, *Breddan Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Leabath*
- Address, *439 West Pratt st*
- Remarks,

# RETURN OF A BIRTH,

50553

to the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

State whether male or female female

or Color, (if not of the white race) white race

of Birth October the 6th

of Birth, (Street and Number) Baltimore Lookerj St No 1116

Name of Mother Elen williames

's Maiden Name Elen nagle

's Birthplace Baltimore

Name of Father John williames

's Occupation laborer

's Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Elizabeth Huthorn

william St No 31st

ks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *me 3*
1. Sex (state whether Male or Female) *1 male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 6 1891*
4. Place of Birth (Street and Number) *no 13 parish St Baltimore*
5. Full Name of Mother *Abelara A Street*
6. Mother's Maiden Name *Abelara A Miner*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William A Street*
9. Father's Occupation *Brieklayer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm S Hefley*
- Address *292 Pratt St Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50855

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of October 1881
4. Place of Birth, (Street and Number) 333 Eastern Ave
5. Full Name of Mother, Mary Malenfield
6. Mother's Maiden Name, Railey
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Malenfield
9. Father's Occupation, Saloon
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Wiley
- Address 1616 Patterson Park Ave
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111
1. Sex (state whether Male or Female) 1 Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6 1881
4. Place of Birth (Street and Number) 111 110 Baitin St Baltimore
5. Full Name of Mother Mary E Gowing
6. Mother's Maiden Name Mary E Weinidman
7. Mother's Birthplace Martinsburg W. V.
8. Full Name of Father John Gowing
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. S. Kelley
- Address 392 Pratt St Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 6<sup>th</sup> 1881
4. Place of Birth (Street and Number) 156 N. Arlington Ave
5. Full Name of Mother Mrs. Rose Bagwell Tyler
6. Mother's Maiden Name Walston
7. Mother's Birthplace Accomac Co. H. Va.
8. Full Name of Father John B. Tyler
9. Father's Occupation Travelling Salesman
10. Father's Birthplace Accomac Co. H. Va.
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

Wm. Murray M.D.  
Fayette & Fremont Sts.

service at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *Oct. 6, 1891*
4. Place of Birth, (Street and Number) *Hampstead St. 1475*
5. Full Name of Mother, *Mary Sullivan*
6. Mother's Maiden Name, *Mary Blackie*
7. Mother's Birthplace, *Baldv City*
8. Full Name of Father, *John Sullivan*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baldv City*

Name of Medical Attendant, or other Person who makes this Return

Address, *1. Dallas St. 1475*

Remarks, .....

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 6 of 81
4. Place of Birth, (Street and Number) No. 27 Hammond St.
5. Full Name of Mother Mary Dicks
6. Mother's Maiden Name Mary Weber
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Henry Weber
9. Father's Occupation Salaman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Lauer
- Address \_\_\_\_\_
- Remarks 178 Barber street

At any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) East Ave
5. Full Name of Mother Mary Otterbein
6. Mother's Maiden Name Mary Simon
7. Mother's Birthplace Germany
8. Full Name of Father Adam Otterbein
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Sherman
- Address No 18 Byrd Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth  
female  
white

Oct 6th

84 or Chase St.

Mary. Latrobe

Macties

Baltimore

R. S. Latrobe

Lawyer

Baltimore

Regina Bucklen

135 2 Charles St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 5<sup>th</sup> Octob 81  
4. Place of Birth (Street and Number) 91 Randaal St.  
5. Full Name of Mother Margaret Ann Waters  
6. Mother's Maiden Name Nelson  
7. Mother's Birthplace Batt. England  
8. Full Name of Father Thomas L. Waters  
9. Father's Occupation \_\_\_\_\_  
10. Father's Birthplace Md.  
Name of Medical Attendant, or other Person who makes this Return. Louis C. Horn  
Address 22 Mulberry St.  
Remarks \_\_\_\_\_

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50863

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6<sup>th</sup> Oct

4. Place of Birth, (Street and Number)

Balt. Chester St No 113

5. Full Name of Mother,

Anna E. Houch

6. Mother's Maiden Name,

R. Fisher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John H. Hoerck

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Hospital

Address,

69 St. Washington

Remarks,

Mary Hospital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*J. H. 11*  
*October 6<sup>th</sup> 1887*  
*341 Bayside St.*  
*Annis E. Hewitt*  
*Leonia E. McMaine*  
*Baltimore City*  
*William C. Hewitt*  
*Printer*  
*Harford Co. Md.*  
*John J. R. Prosser, M.D.*  
*273 W. Lexington St.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50865

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 6th 1881
4. Place of Birth, (Street and Number) No. 195 Chestnut St.
5. Full Name of Mother, Larrah Hickman
6. Mother's Maiden Name, Larrah Bull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lawrence Hickman
9. Father's Occupation, Baltimore Plasterer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. M. A. Bull
- Address, No. 185 S.E. cor Centre av. & Monument St.
- Remarks, All Well

At the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50866

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 6. th. 1881
4. Place of Birth, (Street and Number) No. 6. Union Court.
5. Full Name of Mother, Mary Thompson
6. Mother's Maiden Name, W. L. Thompson
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John V. Thompson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.
- Address, No. 185 S. E. cor. Central w. Monument St.
- Remarks, All Well

Carried at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50867

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Oct.

4. Place of Birth, (Street and Number) 311 Canal St. N.

5. Full Name of Mother, Laimila Koleska

6. Mother's Maiden Name, Kaurat

7. Mother's Birthplace, Vilboz Berg Bohemia

8. Full Name of Father, Franc Koleska

9. Father's Occupation, Tailor

10. Father's Birthplace, Schodau Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephina Kaurat

Address, 120 Barnes St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 65 Millman st
5. Full Name of Mother, Pranziska Handloser
6. Mother's Maiden Name, Hettner
7. Mother's Birthplace, Germany
8. Full Name of Father, Pranz Handloser
9. Father's Occupation, Musician
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Goff
- Address, 120 Bar St
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50869

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Sept. 6, 1881
4. Place of Birth, (Street and Number)..... E. St. No. 102
5. Full Name of Mother,..... Barbara Hill
6. Mother's Maiden Name,..... Philip
7. Mother's Birthplace,..... Balt.
8. Full Name of Father,..... Peter Hill
9. Father's Occupation,..... Bookmaker
10. Father's Birthplace,..... Balt.
- Name of Medical Attendant, or other Person who makes this Return...... Wm. L. Hancock
- Address,..... S. 5th St. No. 14
- Remarks,.....

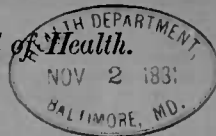


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- Name: *Mary F. Abbott*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 6<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No. 23 Columbia Ave.*
5. Full Name of Mother *Sarah M. Webb*
6. Mother's Maiden Name *Sarah M. Clements*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William H. Webb*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. P. Jones*
- Address *210 136 W. Henry St. Baltimore Md.*
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

## BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

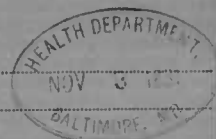
9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

*Address.*

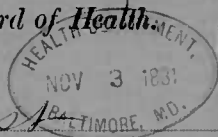
Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Male  
White  
Oct. 6, 1881  
67 Fred R. St.  
Grace B. Horan  
Johnson  
Massachusetts  
James B. Horan  
Shoe Healer  
Baltimore  
John Hood, M.D.  
322 Hollins St.

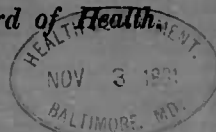
At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Child: George A Knapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 6<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

96 Penna. Ave.

5. Full Name of Mother

Bertha Knapp

6. Mother's Maiden Name

Ochse

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Henry Knapp

9. Father's Occupation

Cabinet Maker

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

W. Christian M.D.

Address

431 Penna. Ave.

Remarks

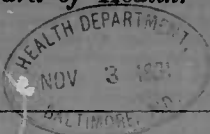
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

50874

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twelfth
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) African
3. Date of Birth Oct. 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 131 Shields Ave.
5. Full Name of Mother Eliza Robinson
6. Mother's Maiden Name Rogers
7. Mother's Birthplace Maryland
8. Full Name of Father Geo. Robinson
9. Father's Occupation Drummer
10. Father's Birthplace Mo.
- Name of Medical Attendant, or other Person who makes this return. W. Christian M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 8/81*
4. Place of Birth, (Street and Number) *589 Druid H. Avenue -*
5. Full Name of Mother, *Annie Moore Mossehead*
6. Mother's Maiden Name, *Sindell*
7. Mother's Birthplace, *Balto. City, Md.*
8. Full Name of Father, *Thomas Walter Mossehead*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balto. City - Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
- Address, *112 N. Greene*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

30876

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1
1. Sex, (state whether male or female) ... Male
2. Race or Color, (if not of the white race) ... White
3. Date of Birth, ... Oct 6th
4. Place of Birth, (Street and Number) ... #35 Bank St
5. Full Name of Mother, ... Mary Fincke
6. Mother's Maiden Name, ... Wehmer
7. Mother's Birthplace, ... Germany
8. Full Name of Father, ... John Fincke
9. Father's Occupation, ... Undertaker
10. Father's Birthplace, ... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ... Mrs Louise Kraft
- Address, ... 236 Canton Ave
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *female twins*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *9th. Octob.*
4. Place of Birth, (Street and Number) *123 S. Greater St.*
5. Full Name of Mother, *Billy French*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John French*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sara Sawyer*
- Address. *22 S. Lombard St.*
- Remarks. *One died five minutes after birth*



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50878

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

October 7th 1881

4. Place of Birth, (Street and Number)

No. 30 O'Donnell St.

5. Full Name of Mother,

Mrs Anna Rebecca Lilly

6. Mother's Maiden Name,

Miss Anna Rebecca LeBrun

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

William Henry Lilly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

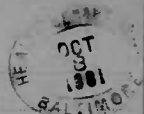
Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett

Address,

No. 65 Burke St.

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50879  
50880

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Twins Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 October

4. Place of Birth, (Street and Number)

123 S. Eager

5. Full Name of Mother,

Villa Fremont

6. Mother's Maiden Name,

Elmwood

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Frensch

9. Father's Occupation,

Workman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Casper

Address

72 E. Lombard

Remarks

any child at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

7<sup>th</sup> Oct. 81

4. Place of Birth, (Street and Number)

99<sup>th</sup> Exeter St.

5. Full Name of Mother, .....

Sarah S. Dancker

6. Mother's Maiden Name, .....

Suter

7. Mother's Birthplace, .....

Balt City

8. Full Name of Father, .....

Frank Dancker

9. Father's Occupation, .....

Clerk

10. Father's Birthplace, .....

Balt City

Name of Medical Attendant, or other Person who makes this Return, .....

H. W. Olmstead  
48 McCullish St.

Address, .....

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 Gebur*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *Jan 7 Ten October 1881*
4. Place of Birth (Street and Number) *Korlan St No 354*
5. Full Name of Mother *Babrie Forst*
6. Mother's Maiden Name *Babrie Perisfa*
7. Mother's Birthplace *Bosmien*
8. Full Name of Father *Frank Perisfa*
9. Father's Occupation *Englener*
10. Father's Birthplace *Bosmien*
- Name of Medical Attendant, or other Person who makes this Return. *Lebaner*
- Address *Franz Mergel W Bond St No 328*
- Remarks *Baltimore Jan 8 October 1881*

This may Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 7th 1881
4. Place of Birth, (Street and Number) 115 E. Madison St
5. Full Name of Mother Elizabeth Brady
6. Mother's Maiden Name Delaney
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Brady
9. Father's Occupation Battinore
10. Father's Birthplace Katonia
- Name of Medical Attendant, or other Person who makes this Return. Dr. Brooke Boyle
- Address Calvert & Eager St
- Remarks \_\_\_\_\_

advice as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

34884

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3d  
 1. Sex, (state whether male or female) ..... Male  
 2. Race or Color, (if not of the white race) ..... White  
 3. Date of Birth, ..... Oct. 7th  
 4. Place of Birth, (Street and Number) ..... 229 W. Lombard, St.  
 5. Full Name of Mother, ..... Helen Poles  
 6. Mother's Maiden Name, ..... Helen Rosolau  
 7. Mother's Birthplace, ..... Philadelphia,  
 8. Full Name of Father, ..... Moses Poles  
 9. Father's Occupation, ..... Merchant  
 10. Father's Birthplace, ..... Baltimore  
 Name of Medical Attendant, or other Person who makes this Return, ..... Philip J. Smith  
 Address, ..... 2 Cathedral St.  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second  
1. Sex (state whether male or female) male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 7th October  
4. Place of Birth, (Street and Number) 28 Fell Street  
5. Full Name of Mother Marie Carroll  
6. Mother's Maiden Name " Smith  
7. Mother's Birthplace England  
8. Full Name of Father Thomas Carroll  
9. Father's Occupation Laborer  
10. Father's Birthplace England  
Name of Medical Attendant, or other Person who makes this Return. Marie Gittner  
Address no 245 South Wolf Street  
Remarks Gravesend Grave yard this afternoon October 11. 1891  
John Brown, Undertaker afternoon 4th October  
224 South Bethel St.

Give as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 7 1881 Durham st
4. Place of Birth, (Street and Number) 102 Durham st
5. Full Name of Mother, Mary Henry
6. Mother's Maiden Name, Mary Property
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elden Henry
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Lucy Woodford.
- Address, 131 Register st
- Remarks, No remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

October 10<sup>th</sup> 1887



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 7<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *75 Fairmount Ave.*
5. Full Name of Mother, *Mary Franz.*
6. Mother's Maiden Name, *Mary Wagner.*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *J. B. Franz.*
9. Father's Occupation, *Housekeeper*
10. Father's Birthplace, *America*

Name of Medical Attendant, or other person who makes this Return

Address, *No. 137 Wolfe St.*

Remarks,

*clt*

*Mrs. Mary Amund*

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.) 2<sup>nd</sup>
1. Sex (state whether male or female) Boys
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Feb 28
  4. Place of Birth, (Street and Number) 28 Todd Street
  5. Full Name of Mother Marie Farrell
  6. Mother's Maiden Name Thomas Smith
  7. Full Name of Birthplace England
  8. Father's Occupation Thomas Smith
  9. Father's Birthplace England
  10. Name of Medical Attendant, or other person who makes this return. J. Wolfe Street 295

Address \_\_\_\_\_  
Remarks \_\_\_\_\_

These are Physician, accoucher, midwife, or other person in charge, who shall stand at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid, thereupon, stating distinctly the date of birth, sex and color of the child or children born, the condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 2 October
4. Place of Birth, (Street and Number) 28 Teell Street
5. Full Name of Mother Marie Larnool
6. Mother's Maiden Name Thomas Smith
7. Mother's Birthplace England
8. Full Name of Father Thomas Smith
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Marie Guttner
- Address 1. Wolfe Street 295.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

and much love with you & yours with

*Address,*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50890

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 12, 1891*
4. Place of Birth, (Street and Number) *Register St. No. 197*
5. Full Name of Mother, *Flora Hahn*
6. Mother's Maiden Name, *Flora Dörner*
7. Mother's Birthplace, *Goldschmidt, Prussia, Germany*
8. Full Name of Father, *August Hahn*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Goldschmidt, Prussia, Germany*

Name of Medical Attendant, *or other Person who makes this Return* *Harry E. Muller*

Address, *S. Dallas St. No. 26*

Remarks.

anytime at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 7, 1881*
4. Place of Birth, (Street and Number) *Bank St. No. 42.*
5. Full Name of Mother, *Barbara Schmidt*
6. Mother's Maiden Name, *Barbara Kaiser*
7. Mother's Birthplace, *Balt<sup>o</sup> City*
8. Full Name of Father, *Gerry Schmidt*
9. Father's Occupation, *Machine*
10. Father's Birthplace, *Balt<sup>o</sup> City*

Name of Medical Attendant,

or other Person who  
makes this Return

Address, *N. Gallatin St. No. 16.*

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 7th 1881.

4. Place of Birth, (Street and Number)

# 314 Nth Bond Street

5. Full Name of Mother,

Florine E. Schaut

6. Mother's Maiden Name,

Florine E. Arnsperg

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Chas. B. Schaut.

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Barbara Key

Address,

28 Nth Frederick Street

Remarks,



advise at the birth of any child, within the City of Baltimore, that reports to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 14 1881*
4. Place of Birth, (Street and Number) *No. 437 N. Carey Street*
5. Full Name of Mother, *Society Clutz*
6. Mother's Maiden Name, *Kellieger*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Jacob Henry Clutz*
9. Father's Occupation, *Clay*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Scherill*
- Address, *No. 528 Penna Avenue*
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
(state whether male or female) fe male  
or Color, (if not of the white race) color  
of Birth, exp October the 7 1881  
of Birth, (Street and Number) Hill St 40  
Name of Mother, Emma Thomas  
her's Maiden Name, Emme Lee  
her's Birthplace, Baltimore  
al Name of Father, William Lee  
her's Occupation, Laborer man  
her's Birthplace, North Chesapeake Per  
me of Medical Attendant, or other Person who Dr. Sidney  
makes this Return St. Paul Co and near  
ress, St. Paul Co and near  
arks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... 7 October
4. Place of Birth, (Street and Number)..... 111 Forrest
5. Full Name of Mother,..... Carrie Lodi
6. Mother's Maiden Name,..... Lohm
7. Mother's Birthplace,..... Philadelphia
8. Full Name of Father,..... John Lodi
9. Father's Occupation,..... Printer
10. Father's Birthplace,..... New York city
- Name of Medical Attendant, or other person who makes this Return...... Mrs Rosa Ullig
- Address,..... 48 Holland street
- Remarks,..... Balt.

report to the registrar aforesaid, within six days after, making distinctly the date of birth, sex, and color of the child or children born, its or their legal condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 7 October 1881

4. Place of Birth, (Street and Number) 187 Forrest street

5. Full Name of Mother, Rosanna Stephens

6. Mother's Maiden Name, " Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Winfield Stephen

9. Father's Occupation, Work Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rosa Ulbig  
28 26 Aland street

State, and the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 7<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 1290 N. Central Ave
5. Full Name of Mother Elizabeth Busch
6. Mother's Maiden Name Elizabeth Busch
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Busch
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this return. Mrs. Anna H. H. H.
- Address 182 E. Monument St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 7<sup>th</sup> 1881

4. Place of Birth (Street and Number)

223 Dolphin St.

5. Full Name of Mother

Emma Osterhus Weeks

6. Mother's Maiden Name

Emma Osterhus

7. Mother's Birthplace

Maryland

8. Full Name of Father

George Weeks

9. Father's Occupation

Merchant

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. B. Morrison M.D.

Address

Remarks

as far as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Male  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 7 1881

4. Place of Birth, (Street and Number)

Car Hill & Light

5. Full Name of Mother,

Sadie Daniels

6. Mother's Maiden Name,

Sadie Neal

7. Mother's Birthplace,

Va

8. Full Name of Father,

Charles Daniels

9. Father's Occupation,

Keeper of Restaurant

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

H. B. Apple, M.D.

Address,

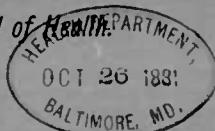
50 Hanna Av

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct 7th 1881*  
 4. Place of Birth (Street and Number) *329 N. Ann St*  
 5. Full Name of Mother *Ella F. Cripps*  
 6. Mother's Maiden Name *Ella F. Jervis*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Geo. S. Cripps*  
 9. Father's Occupation *Transfer Business*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who make this Return *J. E. Whitford M.D.*  
 Address *#195 Disgrace St*  
 Remarks *Condition of child good Labor Natural*



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 12

4. Place of Birth, (Street and Number) York Road

5. Full Name of Mother, Wickham Salceusky

6. Mother's Maiden Name, Wagner

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Salceusky

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Josephus R. Reed

Address 26 Barnes

Remarks

50912

HEALTH DEPT. MEV. BALTIMORE

Health

DEC 29 1888

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "BALTIMORE" at the top and "HEALTH DEPARTMENT" at the bottom. In the center, the date "DEC 29 1900" is stamped, with the word "Health" written in a cursive script across it.

1. Sex (state whether male or female) *Bi*

3. Date of Birth 7 April

5. Full Name of Mother Friedrich Maglacton

7. Mother's Birthplace Baltimore

9. Father's Occupation *Kanmager*

Name of Medical Attendant, or other Person who makes this Return. D. M. Street c/o 723

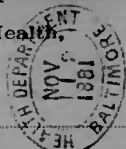
Remarks *1255 / 1214.0000*

**THE** any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, name, name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 7<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *No 8 S Chappel st.*

5. Full Name of Mother, *Anna Fries*

6. Mother's Maiden Name, *Stettin*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Ferdinand Fries*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *or other Person who makes this return* *Mrs Elizabeth Bate*

Address, *120 Bond St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



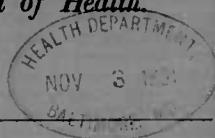
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct. 7. 1881*
4. Place of Birth, (Street and Number) *E. Monument St. No. 362*
5. Full Name of Mother, *Anna Fischer*
6. Mother's Maiden Name, *Wiedmann*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Thos. Fischer*
9. Father's Occupation, *Carriage Maker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, *Dr. J. H. Brown*  
or other Person who makes this Return.
- Address, *1414 N. 14th St.*
- Remarks, *W. D. Smith*

At the birth of any child, the mother, or other person in charge, who shall attend, assist or advise thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50905

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 7. 1881.
4. Place of Birth, (Street and Number) 133 Market St.
5. Full Name of Mother Laura W. Wright
6. Mother's Maiden Name Wright
7. Mother's Birthplace Balto. Co. Md.
8. Full Name of Father Jno W. Wright
9. Father's Occupation Carpenter
10. Father's Birthplace Balto. City Md.
- Name of Medical Attendant, or other Person who makes this return. J. Christian M.D.
- Address 431 Penn. Ave.
- Remarks \_\_\_\_\_

50906

HEALTH DEPARTMENT  
NOV 3 1931  
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

- Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *7<sup>th</sup> day of October 1881*
4. Place of Birth, (Street and Number) *Penn. mass. street - Number 302*
5. Full Name of Mother, *Lucy Edwards*
6. Mother's Maiden Name, *Lucy Jones*
7. Mother's Birthplace, *Portsmouth Virginia*
8. Full Name of Father, *John Edwards*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Green at Baltimore Md*
- Name of Medical Attendant, *Charlotta A. Johnson*  
or other Person who makes this Return
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)....

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth, .....

October 7<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

No. 128 Mulberry

5. Full Name of Mother, .....

Roberta R. Fiske

6. Mother's Maiden Name, .....

Stewart

7. Mother's Birthplace, .....

Baltimore, Md.

8. Full Name of Father, .....

Charles F. Fiske

9. Father's Occupation, .....

Sewing Machine Dealer

10. Father's Birthplace, .....

Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address, .....

112 N. Greene

Remarks, .....

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 Oct 1881

4. Place of Birth, (Street and Number)

29 Gough St

5. Full Name of Mother,

Francis Howles

6. Mother's Maiden Name,

Thron

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Howles

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry Skine

Address,

151 E. Pratt St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Oct. 7. 1881*

4. Place of Birth (Street and Number) *58 E. Chase*

5. Full Name of Mother *Victorine Richardson*

6. Mother's Maiden Name *Jacobs*

7. Mother's Birthplace *md*

8. Full Name of Father *Harry H. Richardson*

9. Father's Occupation *Employe N. C. & A.*

10. Father's Birthplace *md*

Name of Medical Attendant, or other Person who makes this Return.

*G. Lane Tanyhill*

Address *129 W. Biddle St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d  
Female

White

Oct 7th

No 353 Camden

Lora Dickson

" Mitchell

Virginia

George Lightfoot

Ban.

City

J. C. Bunch M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50912

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 October

4. Place of Birth, (Street and Number)

7 S. Albemarle

5. Full Name of Mother,

Marie Salivan

6. Mother's Maiden Name,

Kief

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Pat Salivan

9. Father's Occupation,

Workman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Para Caffer

Address,

12 B. Lombard

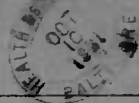
Remarks.

At the birth of any child, within the City of Baltimore, the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

54913

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth October 5th 1881
4. Place of Birth, (Street and Number) 360 ex. Leary St.
5. Full Name of Mother Mary Morris
6. Mother's Maiden Name Mary Murray
7. Mother's Birthplace Virginia
8. Full Name of Father William Morris
9. Father's Occupation Clerk
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address 506 Franklin St.
- Remarks \_\_\_\_\_

as well as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th Oct. 1881

4. Place of Birth, (Street and Number)

24 McMeekin St.

5. Full Name of Mother,

Ella C. Godfrey

6. Mother's Maiden Name,

Carroll

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

David Godfrey

9. Father's Occupation,

Clk

10. Father's Birthplace,

Bc

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. W. Oving

487 McCallish

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.



Name: *Helen Connolly*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 24, 1891*
4. Place of Birth, (Street and Number) *94 York St*
5. Full Name of Mother, *Kate (only) Connolly*
6. Mother's Maiden Name, *Kate Concaannon*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *John (only) Connolly*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address, *Theodore Locke MD*

Remarks, *140 N. Anne St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *mother and child*
1. Sex (state whether Male or Female) *the child is a girl*
2. Race or Color (if not of the white race) *it is colored*
3. Date of Birth *Oct 48*
4. Place of Birth (Street and Number) *47 Shuter Street*
5. Full Name of Mother *Mary S Johnson Smith*
6. Mother's Maiden Name *Mary S Johnson*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Smith*
9. Father's Occupation *up holder*
10. Father's Birthplace *Canada*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Dunken*
- Address *N Dalby 122*
- Remarks



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 8 1887

4. Place of Birth, (Street and Number)

179 North High St

5. Full Name of Mother,

Catharine M. Cambridge

6. Mother's Maiden Name,

Hyland

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John M. Cambridge

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. John M. ...

Address,

228 N. ...

Remarks,

Write at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1

1. Sex, (state whether male or female) ..... male

2. Race or Color, (if not of the white race) ..... ~~Colored~~

3. Date of Birth, ..... Oct 8

4. Place of Birth, (Street and Number) ..... 24 Short St

5. Full Name of Mother, ..... Harriet ~~Wright~~ James

6. Mother's Maiden Name, ..... Harriet Hill

7. Mother's Birthplace, ..... Baltimore Md

8. Full Name of Father, ..... John James

9. Father's Occupation, ..... ~~John~~ Farmer

10. Father's Birthplace, ..... Hartford Conn

Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Clara Johnson

Address ..... no 18 Short St

Remarks ..... healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50919

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Oct 8
4. Place of Birth, (Street and Number) 26 Miller st
5. Full Name of Mother, Elisabeth Hammer
6. Mother's Maiden Name, Elisabeth Sims
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Frederick Hammer
9. Father's Occupation, printer
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this return Mrs. Leas Johnson

Address, no 18 street

Remarks, healthy child

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50920

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child

1. Sex, (state whether male or female)

Male  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 8<sup>th</sup>

4. Place of Birth, (Street and Number)

42 Ridgely St

5. Full Name of Mother,

Sophia Strobel

6. Mother's Maiden Name,

" Borg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chris Strobel

9. Father's Occupation,

Candy Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. Paddenholm

Address,

166 S. Paca St.

Remarks,

NOTE: This form is to be filled out by any person, within the City of Baltimore, and report to the Registrar, above, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50921

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



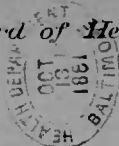
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 October
4. Place of Birth, (Street and Number) 344 Asquith street
5. Full Name of Mother, Kunikunda Schmaus  
Bittner
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schmaus
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Kullig,
- Address, 48 Holland street
- Remarks, Baltimore

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

509221

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 October
4. Place of Birth, (Street and Number) 164 Caroline Street
5. Full Name of Mother, Katie Feebeck
6. Mother's Maiden Name, Lutz
7. Mother's Birthplace, Charles Feebeck Baltimore
8. Full Name of Father, Charles Feebeck
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Ulling
- Address, 48 Holland Street Balt.
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50923

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8th
4. Place of Birth, (Street and Number) A. S. Trinity St
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, " Klausling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Miller
9. Father's Occupation, Labor work
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sophia Simon

A. S. Granby St.

# RETURN OF A BIRTH,

50924

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 8<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) 4362 E. Eager St.
5. Full Name of Mother Gertrude Shaughnessy
6. Mother's Maiden Name Gertrude Quintain
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Shaughnessy
9. Father's Occupation Cannemaker
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return, Mrs. F. J. Halligan
- Address 182 E. Monument St.
- Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50925

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 8<sup>th</sup> 1881
4. Place of Birth, (Street and Number) #431 N. Gay St.
5. Full Name of Mother Mary Elmer
6. Mother's Maiden Name Mary Barker
7. Mother's Birthplace Baltimore
8. Full Name of Father Phillip James
9. Father's Occupation Brown Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dillegast
- Address #182 E. Monument St.
- Remarks \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup> Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 8<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

213 Daniel Hill, Av.

5. Full Name of Mother,

Virginia Mason

6. Mother's Maiden Name,

Gilman

7. Mother's Birthplace,

Baltimore, Ind.

8. Full Name of Father,

Charles Mason

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Baltimore, Ind.

Name of Medical Attendant,

or other Person who makes this Return.

J. H. Gilman, M.D.  
19 N. Gilman, St.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Octob 8<sup>th</sup> 81  
4. Place of Birth (Street and Number) 98 S. Dacca St.  
5. Full Name of Mother Florence May Wheeler Coffmann  
6. Mother's Maiden Name Wheeler  
7. Mother's Birthplace Balt.  
8. Full Name of Father Edward Felix  
9. Father's Occupation Sadler  
10. Father's Birthplace Balt.  
Name of Medical Attendant, or other Person who makes this Return. Louis B. Kornfeld  
Address 226 Mulberry St.  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th Oct 1881

4. Place of Birth, (Street and Number) Balto. Fayette st. No 4

5. Full Name of Mother, Lizzie Munzer

6. Mother's Maiden Name, Saulton

7. Mother's Birthplace, Germany

8. Full Name of Father, John Munzer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Proffitt

Address, 37 N. Washington st

Remarks, Mary Proffitt

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3<sup>rd</sup>)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 8<sup>th</sup> 1881
4. Place of Birth, (Street and Number) North West Cor. Orleans & Bond St.
5. Full Name of Mother Mrs. Mary E. Horner
6. Mother's Maiden Name Miss Mary E. Smith
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Joseph C. Horner
9. Father's Occupation Brass Finisher
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Haslett Glendinen M.D.
- Address No 102 North Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 2.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 13 1881*
4. Place of Birth (Street and Number) *300 W. Chase St.*
5. Full Name of Mother *Larry B. Preston*
6. Mother's Maiden Name *Larry B. Russel*
7. Mother's Birthplace *Baltimore, Conn.*
8. Full Name of Father *William E. Preston*
9. Father's Occupation *Officer*
10. Father's Birthplace *Baltimore, Conn.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Luisea A. C. Overton*
- Address *No. 390 N. Washington St.*
- Remarks *Healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50931

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8. Th*
4. Place of Birth, (Street and Number) *Baltimore South Charles street 417*
5. Full Name of Mother, *Margaret Eliza Ott*
6. Mother's Maiden Name, *Margaret Eliza Easter*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philip Ott*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Price at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50932

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second -

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday Oct 8th 1881 -

4. Place of Birth, (Street and Number)

28 N Schroeder St

5. Full Name of Mother,

Rebecca Sophia Rous

6. Mother's Maiden Name,

Rebecca Sophia Brandt

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

James Armitage Rous

9. Father's Occupation,

Pipe Fitter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Dumbler

Address,

28 Schroeder St

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether ~~male~~ or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... *Sept. 8. 1881*
4. Place of Birth, (Street and Number)..... *St. Charles St. No. 111*
5. Full Name of Mother,..... *Johanna Kitter*
6. Mother's Maiden Name,..... *Wesler*
7. Mother's Birthplace,..... *Balt.*
8. Full Name of Father,..... *Johann Kitter*
9. Father's Occupation,..... *carver*
10. Father's Birthplace,..... *Balt.*
- Name of Medical Attendant, or other Person who makes this Return...... *Wm. J. Brubach*
- Address,..... *St. Charles St. No. 111*
- Remarks,..... *Wm. J. Brubach*

and filed at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50934

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)..

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 8th 1881

4. Place of Birth, (Street and Number)

89 S. Ann St.

5. Full Name of Mother,

Maria Virginia Cromwell  
Lewis

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

Joseph Cromwell  
Sail Maker

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

E. P. Bruns M.D.

Address,

\* 375 E. Baltimore St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 28th 1881
4. Place of Birth, (Street and Number) 334. Northhampton
5. Full Name of Mother Rosa Catherine Michel
6. Mother's Maiden Name Kocher
7. Mother's Birthplace Germany
8. Full Name of Father John Michel
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Schuchman
- Address 474. N. Gay St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50986

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth October 17-81  
4. Place of Birth (Street and Number) 186 Fulton Ave  
5. Full Name of Mother Ida M. De Bree  
6. Mother's Maiden Name Harlan  
7. Mother's Birthplace Westport, Missouri  
8. Full Name of Father W. De Bree  
9. Father's Occupation Pres. Dist Telegraph Co  
10. Father's Birthplace Phil - Pa -  
Name of Medical Attendant, or other Person who makes this Return. John J. King  
Address 215 Carrollton  
Remarks

Series of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 8th 1881*

4. Place of Birth, (Street and Number) *137 Forest St -*

5. Full Name of Mother, *Margaret Ann. Effler -*

6. Mother's Maiden Name, *" " Troy*

7. Mother's Birthplace, *New York State*

8. Full Name of Father, *Charles Effler -*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Silas N. Hunter M.D.*

Address, *36 Greenmount Ave*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

54935

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

OCT. 9th

4. Place of Birth, (Street and Number)

15 Park Avenue

5. Full Name of Mother

Anne Elizabeth Temple Sparrow

6. Mother's Maiden Name

Anne T. Macell

7. Mother's Birthplace

Leesburg, Virginia

8. Full Name of Father

Leonard Hip Sparrow

9. Father's Occupation

clerk

10. Father's Birthplace

Alexandria, Va.

Name of Medical Attendant,

or other person who makes this return

W. C. Wilson Jr.

Address

146 Park Avenue

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

4th  
Male  
White  
Oct 9, 1887  
294 S Charles St  
Sabina D. Shaper  
Sabina D. Plimble  
Franklin  
Geo. A. Shaper  
Restaurant Keeper  
Thymann  
Theodore Cooke MD  
146 N. Anna St

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



# RETURN OF A BIRTH

5094-0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Female*  
*White*  
*Oct 9, 1891*  
*214 W. St*  
*Martha J. Griffin*  
*Martha J. Maden*  
*Baltimore Md*  
*Chas P Griffin*  
*Clerk*  
*Baltimore Md*  
*Devidson Clerk Md*  
*146 Mason St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct 9<sup>th</sup> 1891

4. Place of Birth (Street and Number)

96 Boulevard

5. Full Name of Mother

Mary Stevens

6. Mother's Maiden Name

Mary Neal

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm Stevens

9. Father's Occupation

Laborer

10. Father's Birthplace

Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return.

Chas E Sadler M.D.

Address

565 Druid Hill Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 9<sup>th</sup> 1881
4. Place of Birth (Street and Number) 147 Bolton st
5. Full Name of Mother Blanche E. Selby
6. Mother's Maiden Name Blanche E. White
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Selby Esq
9. Father's Occupation Insurance Agent
10. Father's Birthplace Mayland
- Name of Medical Attendant, or other Person who makes this Return. M. S. S. M. D.
- Address 743 Lexington st
- Remarks "

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. Oct 10 7 1881



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~ 7

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Oct. 7<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *464 East Street.*
5. Full Name of Mother, *Mary Timm.*
6. Mother's Maiden Name, *Mary Lammie.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *William Timm.*
9. Father's Occupation, *Libboxer.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return

Address, *1637 Wolfe St.*

Remarks, *—*

*Mrs. Mary Amend.*

from any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. *Oct 10<sup>th</sup> 1881*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Oct 7<sup>th</sup> 1881.*

4. Place of Birth, (Street and Number) *225 Eastern Ave.*

5. Full Name of Mother, *Katie Wiselous.*

6. Mother's Maiden Name, *Katie Oberlander.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *William Wiselous.*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 137 Wolfe St.*

Remarks, *11*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 9th 1881*
4. Place of Birth (Street and Number) *No. 170 N. Calhoun St.*
5. Full Name of Mother *Mrs. Mary E. Jones*
6. Mother's Maiden Name *Gambrell*
7. Mother's Birthplace *Howard Co. Md.*
8. Full Name of Father *J. Thos. Jones*
9. Father's Occupation *Attorney at Law.*
10. Father's Birthplace *Anne Arundel Co. Md.*
- Name of Medical Attendant, or other Person who make this Return.
- Address *Wm W. Murray Md.*
- Remarks *Layette & Fremont Sts.*

# RETURN OF A BIRTH

50946

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct. 9*
4. Place of Birth, (Street and Number) *49 Short st*
5. Full Name of Mother, *Caroline Robinson*
6. Mother's Maiden Name, *Caroline Gibbs*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Charles Robinson*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Leas Johnson*
- Address *no 18 Short st*
- Remarks *Healthy child*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... (7)  
1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, October 9th 1881  
4. Place of Birth, (Street and Number) 357 west Pratt st  
5. Full Name of Mother, Maria Conrad  
6. Mother's Maiden Name, Maria Conrad  
7. Mother's Birthplace, Germany  
8. Full Name of Father, August Conrad  
9. Father's Occupation, Blacksmith  
10. Father's Birthplace, Germany  
Name of Medical Attendant, or other Person who makes this Return, Miss. Schlifer  
Address, 20 Columbia st  
Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 9*

4. Place of Birth, (Street and Number) *254 mc donagh st*

5. Full Name of Mother, *Barab pinkney*

6. Mother's Maiden Name, *Sarah Nelson*

7. Mother's Birthplace, *Saulsbury md*

8. Full Name of Father, *James pinkney*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Dickinson Pa*

Name of Medical Attendant, or other Person who make this Return *Mrs Leas Johnson*

Address *215 18 short st*

Remarks *Healthy child*

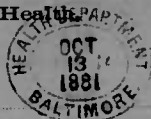
Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50949

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 9th

4. Place of Birth, (Street and Number)

No 344, Hamburg st

5. Full Name of Mother,

Dorothea Schmit

6. Mother's Maiden Name,

" Klock

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Schmit

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Buddenbohn

Address,

166 S. Paca st.

Remarks,

50930

HEALTH DEPARTMENT  
OCT 14 1961  
BALTIMORE

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- 1904, any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 9th 1881
4. Place of Birth, (Street and Number) Harford Road
5. Full Name of Mother Anna Lonsell
6. Mother's Maiden Name Anna Baynes
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Lonsell
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Alleyrist
- Address 4182 E. Monument St
- Remarks \_\_\_\_\_

Given at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 9<sup>th</sup> 81

4. Place of Birth, (Street and Number)

No 237 Sharp St

5. Full Name of Mother,

Louise Kiefling

6. Mother's Maiden Name,

Tipple

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Kiefling

9. Father's Occupation,

Carver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hancock St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50953

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th
4. Place of Birth (Street and Number) 377 E. Chase St
5. Full Name of Mother John J. Wright
6. Mother's Maiden Name John A. Bulwerth
7. Mother's Birthplace Micomico Co. Md
8. Full Name of Father Benjamin J. Wright
9. Father's Occupation Carpenter
10. Father's Birthplace Ellicott City Howard Co. Md
- Name of Medical Attendant, or other Person who makes this Return. May E. Price
- Address 201 N Broadway Balt
- Remarks

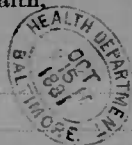
Be registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

509511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) .....

3. Date of Birth, *9<sup>th</sup> of October.*

4. Place of Birth, (Street and Number) *818 West Drall.*

5. Full Name of Mother, *Johanna Priester.*

6. Mother's Maiden Name, *Hecker.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *John Priester.*

9. Father's Occupation, *Blacksmith.*

10. Father's Birthplace, *Kurbassen*

Name of Medical Attendant, or other Person who makes this Return *Miss Linder*

Address, *45 Monroe*

Remarks, .....

# RETURN OF A BIRTH.

50953

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female)

Age or Color (if not of the white race)

Place of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

October 9<sup>th</sup>

42 Pearce Street

Annie C Davis

Annie C Sedgwick

Washington D C

John C Davis

Water

Baltimore Md

Mary Jane Bickins

212 Dover Street

Jim Healthy Child



Within six days thereafter, within the City or Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50956

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Female  
White  
Oct 17 1881  
10 24 Bennett St  
Mary Beatty  
Mary McCall  
Baltimore  
William Beatty  
Cann. Shop  
Baltimore  
Mrs. M. C. McCall  
11 William St

# RETURN OF A BIRTH

50957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 9th 1881
4. Place of Birth, (Street and Number) No. 4 Miller St.
5. Full Name of Mother, Mary Karl
6. Mother's Maiden Name, Mary Hoffman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Karl
9. Father's Occupation, Cloth Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt

Address No. 185 1/2 cor. Central av. & Monument St.

Remarks All well

to be filled out by the Registrar of the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

50958

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Oct 7th
4. Place of Birth, (Street and Number) ..... 13 Cassin St.
5. Full Name of Mother, ..... Mary Kerrigan
6. Mother's Maiden Name, ..... Mc Glockely
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... John Kerrigan
9. Father's Occupation, ..... Carpenter
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Susan E. Barker
- Address, ..... 72 E. Lombard St.
- Remarks, .....

Service at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 50959

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 Oct*
4. Place of Birth, (Street and Number) *42 Barnes St*
5. Full Name of Mother, *Anna Kelenka*
6. Mother's Maiden Name, *Placent*
7. Mother's Birthplace, *Pilau Bohemia*
8. Full Name of Father, *Josef Kelenka*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Schodau Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Kelenka*
- Address, *42 Barnes St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50960

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) white  
3. Date of Birth Oct 9. 81.  
4. Place of Birth (Street and Number) 12 N. Gilmer St.  
5. Full Name of Mother Annie Emis  
6. Mother's Maiden Name Annie Sanders  
7. Mother's Birthplace Balto. Md.  
8. Full Name of Father R. E. Emis  
9. Father's Occupation S. L. L. L.  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. J. W. J. King  
Address 215 Carroll St.  
Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Oct 10 1887

4. Place of Birth, (Street and Number)

22 Madison St

5. Full Name of Mother,

Alice Ball

6. Mother's Maiden Name,

Quannity County

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who

Lucinda Wolford

Address,

138 Register St

Remarks,



to be filled out by the Registrar of Baltimore, shall report to the Registrar of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

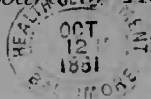


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 10th - 1881*
4. Place of Birth (Street and Number) *499 Scrantom St*
5. Full Name of Mother *Maiden name - Mary J. Alenbaugh*
6. Mother's Maiden Name *full name - Mary J. McKenna*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm McKenna*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *A. H. Easton M.D.*
- Address *545 Lexington St*
- Remarks *(Instrumental delivery)*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Oct. 10th*  
4. Place of Birth, (Street and Number) *232 Carrollton Ave*  
5. Full Name of Mother, *Bettie Stein*  
6. Mother's Maiden Name, *Bettie Schiff*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Levi Stein*  
9. Father's Occupation, *Merchant*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, *H. Jenkins*  
or other Person who makes this Return.  
Address, *No. 2 Cathedral St.*  
Remarks,



Notice: The birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50964

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 10 1881*
4. Place of Birth, (Street and Number) *Lamarck Street*
5. Full Name of Mother, *Maggie Smith*
6. Mother's Maiden Name, *Schmitt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Willie Smith*
9. Father's Occupation, *Miner*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Schmitt*

Address, *N. 328 Lima Ave.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 10d Apr
4. Place of Birth, (Street and Number) No. 494 N. Wolfe St
5. Full Name of Mother Kath. Bull
6. Mother's Maiden Name Kath. Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father John P. Brown
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Sauer
- Address 175 Harper St
- Remarks 175

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50966

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 10<sup>th</sup> 1881
4. Place of Birth (Street and Number) Balto Emtown St 288
5. Full Name of Mother Eliza Wright
6. Mother's Maiden Name Eliza Francis
7. Mother's Birthplace Balt
8. Full Name of Father William Wright
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Granby

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE, CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10<sup>th</sup> of October 1881*
4. Place of Birth, (Street and Number) *322 E. Han. Street*
5. Full Name of Mother, *Barbra Freitag*
6. Mother's Maiden Name, *Barbra Hamberg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Hamberg*
9. Father's Occupation, *Debarman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Lucretia Hunt*
- Address *11 North Chapel Street per postman Hunt*
- Remarks *Healthy*

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 10 26 81

4. Place of Birth, (Street and Number)

119 Guthrie's Alley

5. Full Name of Mother,

Catherine Richards

6. Mother's Maiden Name,

Bell

7. Mother's Birthplace,

America

8. Full Name of Father,

Aug. Richards

9. Father's Occupation,

Cooper

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer, midwife

Address,

330 Hanover St.

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child  
Male

Oct 10th 81  
102 Peach Alley  
Lucile Steinberger  
Pollheimer  
America  
Felix Steinberger  
Cigar maker  
Germany

J. Schlegel midwife  
330 Hanover St

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3)
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 October 1881
4. Place of Birth, (Street and Number) 155 S. Fremont st
5. Full Name of Mother, Elisa Johanna Augusta Flotman
6. Mother's Maiden Name, Eliso Joh. Aug. Kuntzman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Heinrich Flotman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Schlifer
- Address, 26 Columbia st
- Remarks,

Report of the Registrar of the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *6<sup>th</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 10<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Baltimore Columbia Ave. No. 31*

5. Full Name of Mother, *Bell. Everhart*

6. Mother's Maiden Name, *Wallace*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Everhart*

9. Father's Occupation, *Brick Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. A. Mitchell*

Address. *N. 3-8 Parson St.*

Remarks.



10-1-1900  
The physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Oct 1881

4. Place of Birth, (Street and Number) Balto

5. Full Name of Mother, Mary Stash

6. Mother's Maiden Name, Mr. Musil

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank. Musil

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Raphael

Address, 69 N. Washington

Remarks, Mary Raphael

Also of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number).
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

White  
October 10<sup>th</sup> 1881  
463 Saratoga St  
Emma Heimlich  
" " " " " " " "  
Baltimore Md  
George Heimlich  
Blacksmith  
Baltimore Md  
Dr. J. P. Spencer  
287 N. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 10th 1881.*
4. Place of Birth (Street and Number) *No 216 Haslam st.*
5. Full Name of Mother *Mary D. McCann*
6. Mother's Maiden Name *Mary D. Pizzini*
7. Mother's Birthplace *Philadelphia*
8. Full Name of Father *Charles McCann*
9. Father's Occupation *Book Keeper*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo C. Cole M.D.*
- Address *229 Mary st.*
- Remarks

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 3 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 of October* *1881*
4. Place of Birth, (Street and Number) *435 Eastern Ave*
5. Full Name of Mother, *Siggie Knierem*
6. Mother's Maiden Name, *Deller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Knierem*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes the Return *Mrs Wiley*
- Address *No 18 Patterson Park Rd*
- Remarks,

State of Maryland, containing a full and correct statement of the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct 10<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore Boyd St. No. 55*
5. Full Name of Mother, *Barbara Stanger*
6. Mother's Maiden Name, *Barbara Summers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Stanger*
9. Father's Occupation, *Yeoman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Shaffer*
- Address, *No. 114 Ridgely St*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *October 10<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *142 Pierce St*
5. Full Name of Mother, *Martilda Allen*
6. Mother's Maiden Name, *" Westford*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Wm Frederick Allen*
9. Father's Occupation, *Crocheter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *L. Maria Johnson*
- Address, *4 W. Madison St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50978

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
Oct 10 1881  
59 William St  
Jennie Henry  
Jennie Moore  
Philadelphia  
James Henry  
Mariner  
Ireland  
H. Betts M.D.  
50 Hanan av

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50975

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

White  
Oct 10 1881  
59 William St  
Jennie Henry  
Jennie Moore  
Philadelphia  
James Henry  
Mariner  
Ireland  
H. Betts M.D.  
50 Hanover av

# RETURN OF A BIRTH

50979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th. 1881
4. Place of Birth, (Street and Number) No 120. Centrel av.
5. Full Name of Mother, Ema Frank
6. Mother's Maiden Name, Ema Rash
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Frank
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs. M. A. J. H.
- Address No 185 E. cor. Centrel av. & Monument St.
- Remarks, All Well.

# RETURN OF A BIRTH, 50980

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 10 of October
4. Place of Birth, (Street and Number) Baltimore, 8 Lewis Street
5. Full Name of Mother Ellis [redacted] Patterson
6. Mother's Maiden Name Ellis [redacted] Roellman
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father William Patterson
9. Father's Occupation Living
10. Father's Birthplace Richmond Virginia
- Name of Medical Attendant, or other Person who makes this Return. Ann Humphrey
- Address No. 9 Union Alley
- Remarks Near Eden St.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Oct. 10th*
4. Place of Birth, (Street and Number) *15 Orleans St.*
5. Full Name of Mother, *Mary Henderson*
6. Mother's Maiden Name, *Brumitt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Henderson*
9. Father's Occupation, *Carman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Sarah Cooper*
- Address, *79 E. Lombard St.*
- Remarks, .....

Return of a Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 11
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct- 10<sup>th</sup>
4. Place of Birth, (Street and Number) ..... 219 Fayette St.
5. Full Name of Mother, ..... Elizabeth Beatehlink
6. Mother's Maiden Name, ..... Quiller
7. Mother's Birthplace, ..... Germany
8. Full Name of Father, ..... Christian Beatehlink
9. Father's Occupation, ..... Grocerman
10. Father's Birthplace, ..... Germany
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Sarah Rooper
- Address ..... 72 E. Lombard St.
- Remarks.....

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether male or female) 3  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, Oct 16  
 4. Place of Birth, (Street and Number) 116 E. Calver Ave  
 5. Full Name of Mother, Ellen Elizabeth Burns  
 6. Mother's Maiden Name, Finns  
 7. Mother's Birthplace, Denmark  
 8. Full Name of Father, Thomas Ballinger  
 9. Father's Occupation, Barber  
 10. Father's Birthplace, Denmark  
 Name of Medical Attendant, Dr. J. C. Calver & Co.  
 Address, 116 E. Calver Ave  
 Remarks, or other person who made this return

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, its (full name, nativity, and residence) of the parents, and the maiden name of the mother of each child or children."

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct. 10<sup>th</sup>
4. Place of Birth, (Street and Number) 176. Leonard Ave.
5. Full Name of Mother, Ellen Burns
6. Mother's Maiden Name, Finn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Burns
9. Father's Occupation, Workman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

509811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 10th October 81  
 4. Place of Birth, (Street and Number) # 62 Russell St.  
 5. Full Name of Mother, Christina Feiert  
 6. Mother's Maiden Name, Wotton  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Henry Feiert  
 9. Father's Occupation, Wagon Driver  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who makes this Return Mary Broh  
 Address # 328 f. Eutan St.  
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50985

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~ 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th Oct 1889
4. Place of Birth, (Street and Number) 336 N. Pine St
5. Full Name of Mother, Rose Spelman
6. Mother's Maiden Name, McGruvy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank A Spelman
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Mo

Name of Medical Attendant, or other person who makes this Return

Address, .....

Remarks, .....

Gus H. Spelman M.D.  
#1 Waverly Terrace

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

50956

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 10 - 1881
4. Place of Birth, (Street and Number) 183 William St
5. Full Name of Mother Sarah E. Eckert
6. Mother's Maiden Name Montgomery
7. Mother's Birthplace Ind
8. Full Name of Father Robt Eckert
9. Father's Occupation Brush Maker
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this return. R. C. Lee
- Address N. W. Cor. Hanover & Baltimore
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

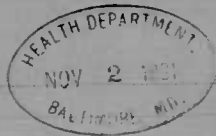
To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Boy  
2. Race or Color (if not of the white race) White  
3. Date of Birth Monday Oct. 10th. 1887.  
4. Place of Birth (Street and Number) 38 Harford Av.  
5. Full Name of Mother Elizabeth Eubert  
6. Mother's Maiden Name Elizabeth Aicher  
7. Mother's Birthplace Balt. C. Md.  
8. Full Name of Father John Eubert  
9. Father's Occupation Laborer  
10. Father's Birthplace Baltimore Md.  
Name of Medical Attendant, or other Person who makes this Return. Wilmer Brintow M.D.  
Address 25 1/2 Government Ave.  
Remarks Vertex Presentation.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female). *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, ... Oct. 10, 1881

4. *Place of Birth, (Street and Number)* 192 Baker

5. Full Name of Mother, *Emma C. Sedgell*

6. Mother's Maiden Name, . . . . . *Smith*

7. Mother's Birthplace, *Massachusetts, U. S.*

S. Full Name of Father, Charles L. Dean, Lodge #

9. *Father's Occupation.* *Car Driver*

10. Father's Birthplace. Charles, Wis. U.S.A.

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Wells*

Address, *11, Calicut St.*

Remarks, \_\_\_\_\_

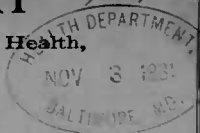
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

has any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



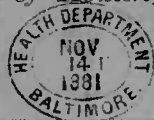
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10 1901
4. Place of Birth, (Street and Number) 24 Denmark St
5. Full Name of Mother, Florence Colon
6. Mother's Maiden Name, Florence Passano
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Colon
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. H. L. Chapman
- Address 121 W. Denmark St
- Remarks

NOTE: Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50990

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*JP*  
*Female*  
*W*  
*Oct 10/87*  
*44 Portland*  
*Melvin May*  
*n* *Melvin*  
*Balto Co*  
*Dr May*  
*Mechanics*  
*city*  
*Dr J. J. H. H. H.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50991

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10<sup>th</sup> October 1881*
4. Place of Birth, (Street and Number) *383 Aisquith St.*
5. Full Name of Mother, *Martha S. Brayden*
6. Mother's Maiden Name, *Sprucebanks.*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Robert A. Brayden*
9. Father's Occupation, *Iron moulder*
10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return.

*H. W. Oving*

Address,

*118 McCulloch St.*

Remarks,



# RETURN OF A BIRTH

50992

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

me.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Col.

3. Date of Birth,

OCT 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Little M. Elderly St.

5. Full Name of Mother,

Mary Moore.

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Ben

Moore

9. Father's Occupation,

Musicien.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

Mary Patton

Address,

No 125 N. Caroline,

Remarks,

Eight months child.

Return of the birth of any child, within the City of Baltimore, shall report to the registrar of vital statistics within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. Oct 12<sup>th</sup> 1887.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 11<sup>th</sup> 1887.

4. Place of Birth, (Street and Number) 14 Wolfe Street.

5. Full Name of Mother, Maggie Biss.

6. Mother's Maiden Name, Maggie Readrick.

7. Mother's Birthplace, America.

8. Full Name of Father, George Biss.

9. Father's Occupation, Gun maker.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Inman.

Address, 137 South Wolfe St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

50994

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 11th 1881

4. Place of Birth, (Street and Number)

61 Harlem Ave

5. Full Name of Mother,

Marian Smiger

6. Mother's Maiden Name,

Marian Middleton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jack R. Smiger

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child Healthy

Justus P. Smith  
227 Canton St.

# RETURN OF A BIRTH

50995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *With Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of October 1881*
4. Place of Birth, (Street and Number) *114 Lurban Street above Monument*
5. Full Name of Mother, *Mary Schrag*
6. Mother's Maiden Name, *Mary Kiesel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Kiesel*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Lucretia Kiesel*
- Address *71 North Chapel Street per Justina Kiesel*
- Remarks *Healthy*

Return of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

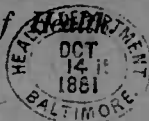


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 October
4. Place of Birth, (Street and Number) Philadelphia Road
5. Full Name of Mother Anna Desches
6. Mother's Maiden Name " " Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father John Desches
9. Father's Occupation Dr. Baileron
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Street 143
- Address \_\_\_\_\_
- Remarks Just Maurer.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 11 of 81

4. Place of Birth, (Street and Number) No 19 Ashbury

5. Full Name of Mother Agnes Simons

6. Mother's Maiden Name Agnes Koller

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Koller

9. Father's Occupation Sigarmacher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Cristina Lauer

Remarks 177 Harper St. n.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Colored.

11th of October

No 17 Tyne Alley

Ella Brown

Baltimore

Richard Lumber

Waiter

Virginia

Lucy Comish

No 36 Gordon Alley

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

50999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Baltimore Columbia Ave. No. 40

5. Full Name of Mother,

Maggie Stallings

6. Mother's Maiden Name,

Conardy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Stallings

9. Father's Occupation,

Brick-Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,



advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 5
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Oct. 11<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... Baltimore
5. Full Name of Mother, ..... Elizabeth Davis
6. Mother's Maiden Name, ..... Denton
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Charles Davis
9. Father's Occupation, ..... Printer
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. C. Mitchell
- Address ..... 14<sup>th</sup> 38 Park St
- Remarks.....

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 11/1881*
4. Place of Birth, (Street and Number) *67 Lee St*
5. Full Name of Mother, *May E. Whitaker*
6. Mother's Maiden Name, *May E. McCracken*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Francis E. Whitaker*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cooke MD*
- Address, *140 Nantux St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

11 October

4. Place of Birth (Street and Number)

No 6 concord st.

5. Full Name of Mother

Mrs. Eliza Turney

6. Mother's Maiden Name

Eliza Dougherty

7. Mother's Birthplace

Kilglass Co. Roscommon Ireland.

8. Full Name of Father

Michael Turney

9. Father's Occupation

Labourer

10. Father's Birthplace

Shokestown Co. Roscommon Ireland.

Name of Medical Attendant,

or other Person who makes this Return.

Sarah Wooden.

Address

No. 120. Greenmount Ave.

Remarks

Report to the Registrar aforesaid, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51663

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16 other 1*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *allard*
3. Date of Birth, *altater the 11*
4. Place of Birth, (Street and Number) *Chirch st 46*
5. Full Name of Mother, *and Davis*
6. Mother's Maiden Name, *and Johnson*
7. Mother's Birthplace, *Western Maryland*
8. Full Name of Father, *William Davis*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *sent and his country abt*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. P. Dilks*
- Address, *Nash*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 11
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth October 11 1881
4. Place of Birth (Street and Number) Pratt St. No. 12
5. Full Name of Mother Sally Ann Rogers
6. Mother's Maiden Name Sally Ann Scott
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Isidore Rogers
9. Father's Occupation laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Leah H. Martin
- Address 1225 S. Baking St. City
- Remarks Born with syphilis disease from mother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57005

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 11<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *333 E. Monument St*
5. Full Name of Mother, *Mary Elizabeth Grieb*
6. Mother's Maiden Name, *Ogle*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Henry Grieb*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *William C. Russell*
- Address *No 338 N Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51006

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 11<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 491 Buxmouth st*
5. Full Name of Mother *Sarah Kidd*
6. Mother's Maiden Name *S - A Ruigley*
7. Mother's Birthplace *Lancashire England*
8. Full Name of Father *Michael S. Kidd*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Wexford Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Woodin*
- Address *120. Greenmount. Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51007

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth 11 of October  
 4. Place of Birth (Street and Number) 65 Myer's  
 5. Full Name of Mother Mary King  
 6. Mother's Maiden Name Mary Fay  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Agnes King  
 9. Father's Occupation Can maker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return Mary G. Swann  
 Address 49 Myer's Street  
 Remarks \_\_\_\_\_



CERTIFICATE CORRECTED 3-24-62

# RETURN OF A BIRTH

31008

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name: Anna S. Heldmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child  
(Boy) Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 191 Canaway St  
Oct 11 1881

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Julia Weber

6. Mother's Maiden Name,

Julia Heldmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Heldmann

9. Father's Occupation,

Carver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mary Pazaricus

Remarks,

Born at St. N. Y.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male

11<sup>th</sup> October 1881

36 Hudson Ave.

Jeanette Mielke  
Beck

Baltimore

David Mielke

Seafaring

Germany

Mrs. H. H. H.

St. Frederick St.

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
(state whether Male or Female) *Female*  
Race or Color (if not of the white race) *White*  
Date of Birth *October the 11*  
Place of Birth (Street and Number) *Washington St 61*  
Name of Mother *Annie E. Milgate*  
Mother's Maiden Name *Annie E. Milgate*  
Mother's Birthplace *Dorchester County*  
Name of Father *Henry Milgate*  
Father's Occupation *Farmer*  
Father's Birthplace *Scotland*  
Name of Medical Attendant, or other Person who makes this Return *Miss C. V. Davis*  
Address *6 south chesler st*  
Remarks *True*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *October 11<sup>th</sup> 87*
  4. Place of Birth, (Street and Number) *160 Portland St*
  5. Full Name of Mother, *Rebecca Loebl*
  6. Mother's Maiden Name, *" New*
  7. Mother's Birthplace, *Bremen Germany*
  8. Full Name of Father, *Max Loebl*
  9. Father's Occupation, *Physician*
  10. Father's Birthplace, *Saxony*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kroh*  
Address, *1328 S. Eutan St*  
Remarks,

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 Oct 1881*
4. Place of Birth, (Street and Number) *326 Bank st*
5. Full Name of Mother, *Alice O Woolford*
6. Mother's Maiden Name, *Alice O. Gough*
7. Mother's Birthplace, *Balt. Co.*
8. Full Name of Father, *J. B. Woolford*
9. Father's Occupation, *Coal & Wood Dealer*
10. Father's Birthplace, *Dorchester Co. Md*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Sullens*
- Address, *104 Currier st*
- Remarks,

As soon as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Oct 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number) No 216 S Dallas St

5. Full Name of Mother, Maria Greener

6. Mother's Maiden Name, Laubenberger

7. Mother's Birthplace, City

8. Full Name of Father, Mrs Greener

9. Father's Occupation, Printer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who  
make this Return Mrs Elizabeth Gold

Address 120 Bank St

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 11th 1881*
4. Place of Birth (Street and Number) *No. 36 S. Pratt St.*
5. Full Name of Mother *Mrs. M. Maling*
6. Mother's Maiden Name *Anne Lange*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James M. Maling*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane M. Maling*
- Address *No. 136 M<sup>r</sup> Henry St. Baltimore Md.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female

White

Oct. 11, 1881

624 W. Lombard

Mollie E. S. Denty

Taylor

Baltimore

Jas. T. Denty

Book Keeper

Maryland

John Hoodless

322 Hollis St.

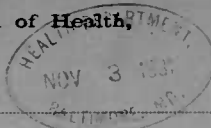
First born

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

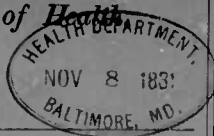
Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 11th 1881
4. Place of Birth, (Street and Number) 110 Mc Elderry St
5. Full Name of Mother Clara Dorette Duffield
6. Mother's Maiden Name Scott
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel H. Hays
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. W. Stouffer M.D.
- Address 1474 W. 2nd St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**



Name - Mary Catherine Oriole Phillips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

1st child

W

white 11 1881

311 Green Mt Avenue

Rose (Phillips) Phillips

McKenzie

Balti Md

W (Phillips) Phillips

Teacher

Balti

111 Patterson St D

28 Franklin

Return of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of October 1881*
4. Place of Birth, (Street and Number) *117 Chester Street*
5. Full Name of Mother, *Annie Gerty*
6. Mother's Maiden Name, *Annie McLaska*
7. Mother's Birthplace, *North Carolina, Macon*
8. Full Name of Father, *Charles C. McLaska*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Dunkel*
- Address, *71 North Chapel Street per Justina Dunkel*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51020

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



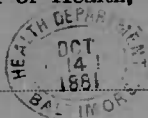
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, October 12th 1881
4. Place of Birth, (Street and Number) 40 E. 12th St.
5. Full Name of Mother, Jenny Pepitone
6. Mother's Maiden Name, Sherable
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent Pepitone
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bonstetter
- Address, 113 C. Lombard St.
- Remarks, \_\_\_\_\_

Time at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

57021

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct-12-81
4. Place of Birth, (Street and Number) 431 N. Stricker
5. Full Name of Mother, Ella Bennett
6. Mother's Maiden Name, Silvers
7. Mother's Birthplace, Washington
8. Full Name of Father, William Bennett
9. Father's Occupation, Liquor Agent
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, G. W. Jones M.D. or other Person who makes this Return
- Address, 601 Stricker & Presbiterian
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51029

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 12th 1881

4. Place of Birth (Street and Number)

424 Fulton Avenue

5. Full Name of Mother

Mary Josephine Stabighurst

6. Mother's Maiden Name

Gobright

7. Mother's Birthplace

Baltimore Maryland

8. Full Name of Father

George Christian Stabighurst

9. Father's Occupation

Clerk

10. Father's Birthplace

Boston Mass.

Name of Medical Attendant, or other Person who makes this Return.

J. Hamer Hall M.D.

Address

119 Edmondson Avenue.

Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51023

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *20*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 12*
4. Place of Birth, (Street and Number) *456 N. Calhoun*
5. Full Name of Mother, *May Herring*
6. Mother's Maiden Name, *Donald*
7. Mother's Birthplace, *Eager St.*
8. Full Name of Father, *John Herring*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Geo H. Harris, M.D.*  
or other Person who makes this Return.
- Address, *601 E. Charles & Perimeter*
- Remarks,

as soon as the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51024

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12 of October 1881*
4. Place of Birth, (Street and Number) *240 East Gay St.*
5. Full Name of Mother, *Mary Wilson*
6. Mother's Maiden Name, *Mary Wilson*
7. Mother's Birthplace, *Summerfield, county, Md.*
8. Full Name of Father, *James L. Wilson*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Summerfield, county, Md.*
- Name of Medical Attendant, or other person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ...

6. Mother's Maiden Name,

7. Mother's Birthplace, ...

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...

1st  
male  
white  
Oct 12<sup>th</sup> 1881  
210 Fulton Avenue  
Mary. C. Cooke  
Mary. C. Freeburger  
Baltimore Md  
Adolphus S. Cooke  
Commission Merchant  
Baltimore Md  
Theodore Cooke MD  
146 Hanover St

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 5th
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 12th 1881 320.1.11
4. Place of Birth (Street and Number) Baltimore Springwood 1054
5. Full Name of Mother Wilate Ann Carson
6. Mother's Maiden Name Wilate Ann Carson
7. Mother's Birthplace Baltimore
8. Full Name of Father Randal Carson
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Julia Green
- Address 466 North Gay St
- Remarks Both are healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 12, 1881*
4. Place of Birth (Street and Number) *151 E Biddle St*
5. Full Name of Mother *Marry L. Weaver*
6. Mother's Maiden Name *Marry L. Cawro*
7. Mother's Birthplace *South Carolina*
8. Full Name of Father *William E. Weaver*
9. Father's Occupation *Railroader*
10. Father's Birthplace *Baltimore Con 12 District*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lucretia A. G. Overton*
- Address *1340 Washington St*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51028

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 12 1881

4. Place of Birth (Street and Number)

137 Argyle Aven.

5. Full Name of Mother

Emma Gloss

6. Mother's Maiden Name

E. King.

7. Mother's Birthplace

City

8. Full Name of Father

Samuel W. Gloss

9. Father's Occupation

Merchant

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

A. B. Carroll M.D.

Address

Remarks

advice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51029

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh (11th)

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 12th 1881

4. Place of Birth, (Street and Number)

158 E. Eager St.

5. Full Name of Mother,

Maggie E. Healy

6. Mother's Maiden Name,

" Jennings

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Joseph Healy

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Margaret A. Winkler

Address,

186 Harford Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 12<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *221 Madison Ave Balt. Md*
5. Full Name of Mother *Helma M. Goldsborough*
6. Mother's Maiden Name *Helena H. Hittman*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Harry Paul Goldsborough*
9. Father's Occupation *Clark*
10. Father's Birthplace *Queen Anne's Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *E. H. Hittman M.D.*
- Address *71 Franklin St.*
- Remarks

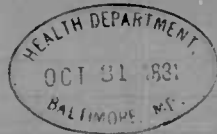


Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

12<sup>th</sup> October

4. Place of Birth, (Street and Number)

407 Saratoga St.

5. Full Name of Mother,

Doranna Roehner

6. Mother's Maiden Name,

Steib

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John C. Roehner

9. Father's Occupation,

shoemaker

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

60 North Schroeder St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 12<sup>th</sup> Oct
4. Place of Birth, (Street and Number) 336 Mc Donough St.
5. Full Name of Mother Mary Quinn
6. Mother's Maiden Name Lathe
7. Mother's Birthplace Balt.
8. Full Name of Father John Quinn
9. Father's Occupation Sewing Machine Agent
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. J. W. Webster
- Address 57 Barr
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51033

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sept. 12, 1881

221 Biddle St. No. 47

Baltimore City

James

Balt.

James

carpenter

Balt.

Wm. L. B. B. B. B.

221 Biddle St. No. 14

Wm. L. B. B. B.

in case of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31034

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 12th 1881*
4. Place of Birth, (Street and Number) *370 E. Pratt St.*
5. Full Name of Mother, *Octavia Loflin*
6. Mother's Maiden Name, *Gaither*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Franklin Courtney Loflin*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Harford Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *E. L. Cross M.D.*
- Address, *375 E. Balto. St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51035

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *Seventh*
4. Place of Birth (Street and Number) *138 Battery Ave*
5. Full Name of Mother *Emily Thomas*
6. Mother's Maiden Name *Emily Walker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Henry Thomas*
9. Father's Occupation *Captain of a boat*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Henry*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51036

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2
1. Sex, (state whether male or female) ..... Boy
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... 12 Oct. 1881
4. Place of Birth, (Street and Number) ..... 271 Arguth St
5. Full Name of Mother, ..... Mary E Wright
6. Mother's Maiden Name, ..... Mary E Kirby
7. Mother's Birthplace, ..... Baltimore Md
8. Full Name of Father, ..... Carey S Wright
9. Father's Occupation, ..... Painter
10. Father's Birthplace, ..... Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs Mary Walter 125 N. Caroline St
- Address, .....
- Remarks, .....

"That any physician, secondhand, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12th. 1881.
4. Place of Birth, (Street and Number) No. 127 E. Biddle St.
5. Full Name of Mother, Minnie Lights
6. Mother's Maiden Name, Minnie Heinick.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lights.
9. Father's Occupation, Washman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.
- Address No. 185 S. E. cor. Central av. & Monument St.
- Remarks, All Well.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 13, 1881*

4. Place of Birth, (Street and Number) *West Dargatzian*

5. Full Name of Mother, *Mary M. Dargatzian*

6. Mother's Maiden Name, *Mary M. Dargatzian*

7. Father's Name, *John M. Dargatzian*

8. Full Name of Father, *John M. Dargatzian*

9. Father's Occupation, *Public Co. and*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, *Dr. J. H. Dargatzian*

Address, *100 N. Howard St. Baltimore*

Remarks, *See above*

to be filled out at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and the full name, nativity, and residence of the mother of such child or children.



# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51035

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 13<sup>th</sup> 1881
4. Place of Birth, (Street and Number) West Division St
5. Full Name of Mother, Mary Whitney
6. Mother's Maiden Name, Mary Dicks
7. Mother's Birthplace, Balti Co Md
8. Full Name of Father, George Whitney
9. Father's Occupation, Doctor
10. Father's Birthplace, Balti Co Md
- Name of Medical Attendant, or other Person who makes this Return E. H. Jones M.D.
- Address Co. Stock & Produce
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar a record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Chale



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 13. 1881

4. Place of Birth, (Street and Number)

109 Leadenhall St.

5. Full Name of Mother,

Clara Spahr

6. Mother's Maiden Name,

Schulden

7. Mother's Birthplace,

America

8. Full Name of Father,

John Spahr

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwartz midwife

Address,

330 Lombard St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13th of October 1881*
4. Place of Birth, (Street and Number) *124 South Durham St.*
5. Full Name of Mother, *Annie Mary Perry*
6. Mother's Maiden Name, *Annie Mary Haska*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frank Haska*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Lucilia Funkh.*
- Address, *11 North Chapel Street for Justina Funkh.*
- Remarks, *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 13<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *140 S. Caroline St.*
5. Full Name of Mother *Anne Work*
6. Mother's Maiden Name *Anne Schreier*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm P. Work*
9. Father's Occupation *D*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. W. Eilaw M. D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 Males

2. Race or Color (if not of the white race) white

3. Date of Birth October 13 1881

4. Place of Birth (Street and Number) 31 German St Baltimore

5. Full Name of Mother Margret Arnold

6. Mother's Maiden Name Margret Buhl

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Gofflip Arnold

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Miller

Address 292 Pratt St Baltimore

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct. 13<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore J. Pate st. No. 309*
5. Full Name of Mother, *Mary Dailey*
6. Mother's Maiden Name, *Mary Norman*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Timothy Dailey*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Shaffer*
- Address, *No. 114 Ridgely St*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

510411

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Boy*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct the 13*  
 4. Place of Birth (Street and Number) \_\_\_\_\_  
 5. Full Name of Mother *Katie Audson*  
 6. Mother's Maiden Name *Byers*  
 7. Mother's Birthplace *Be, Md.*  
 8. Full Name of Father *Joseph A Audson*  
 9. Father's Occupation *Manufacturer*  
 10. Father's Birthplace *Be, Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *H A Davenport*  
 Address *194 George st*  
 Remarks *Mother & Baby doing well*



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Oct. 13<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore Burgundy ally No. 214*
5. Full Name of Mother, *Sofa Hays*
6. Mother's Maiden Name, *Sofa Horace*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Hays*
9. Father's Occupation, *Graber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm. M. Shaffer*
- Address, *No. 114 Ridgely st*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct-13/1881*
4. Place of Birth, (Street and Number) *64 N Gay St-*
5. Full Name of Mother, *Mary E. Brooks*
6. Mother's Maiden Name, *" Finnigan*
7. Mother's Birthplace, *Balto-*
8. Full Name of Father, *George Th. Brooks*
9. Father's Occupation, *Cannemaker*
10. Father's Birthplace, *Balto-*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Rice*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

First  
Male  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 13. 1881

4. Place of Birth (Street and Number)

66 Parkins St

5. Full Name of Mother

Arabella Elch

6. Mother's Maiden Name

Arabella Seymour

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick Elch

9. Father's Occupation

Salesman

10. Father's Birthplace

New York City N.Y.

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips M.D.

Address

317 N. Lombard St

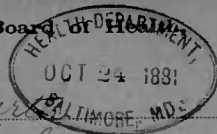
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

31048

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

*First*  
*Male*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

*October 13 - 1881*

4. Place of Birth, (Street and Number)

*No 27 N. Green Street*

5. Full Name of Mother,

*Alice M. Heath*

6. Mother's Maiden Name,

*" " Sanicker*

7. Mother's Birthplace,

*Maryland*

8. Full Name of Father,

*Alford W. Heath*

9. Father's Occupation,

*Painter*

10. Father's Birthplace,

*England*

Name of Medical Attendant, or other Person who makes this Return

*Mary C. Howell*

Address: *281 N. Lough St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *13<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *147 E Pratt St*
5. Full Name of Mother, *Mary Dietz*
6. Mother's Maiden Name, *Schroeder*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Dietz*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mary Stein*  
or other Person who makes this Return
- Address, *151 E Pratt St*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....
2. Race or Color, (if not of the white race)
3. Date of Birth, .....
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

51060  
Sixth  
Female  
White  
Oct 13<sup>th</sup> 1881  
162 W. Biddle  
Mary Emma Price  
Price  
Baltimore  
Mrs B. Price  
Merchant  
Alexandria Va  
Glias. L. Price M.D.  
262 Madison Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 12 81*
4. Place of Birth, (Street and Number) *41 St. Nicholas St.*
5. Full Name of Mother, *Louise A. Gaudin*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John C. Gaudin*
9. Father's Occupation, *Book Binder*
10. Father's Birthplace, *France*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. H. H. H.*
- Address, *503 North Baltimore*
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



57062

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 14<sup>th</sup> 1881.  
36 Carey Street.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mrs. Ruth Jones  
Mrs. Ruth Grazier  
Baltimore City

6. Mother's Maiden Name,

7. Mother's Birthplace,

Hugh Jones  
Laborer  
Baltimore City

8. Full Name of Father,

9. Father's Occupation,

Mrs. Rachel A. Gagnett  
No. 65 Burke St.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether full-borne or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 15 1881*

4. Place of Birth, (Street and Number) *625 Light St*

5. Full Name of Mother, *Anna Campbell*

6. Mother's Maiden Name, *Mary Taylor*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Charles Campbell*

9. Father's Occupation, *Mechanic*

10. Father's Birthplace, *Philadelphia Pa*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cooke MD*

Address, *1465 Hanover St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51054

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
male  
white

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 4 1881

4. Place of Birth, (Street and Number)

242 Montgomery St

5. Full Name of Mother,

Mrs. Harcum

6. Mother's Maiden Name,

Mrs. St. Clair

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

John A. Harcum

9. Father's Occupation,

Life Insurance Collector

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Thermon Cook MD

Address,

100 N. Howard St

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*  
1. Sex, (state whether male or female) *Girl*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *14 of November 1881*  
4. Place of Birth, (Street and Number) *No. 10 Calenton Ave.*  
5. Full Name of Mother, *M. Annie White*  
6. Mother's Maiden Name, *Annie Webster*  
7. Mother's Birthplace, *Summersetts County Md.*  
8. Full Name of Father, *George A. Webster*  
9. Father's Occupation, *Sea-faring, Mass.*  
10. Father's Birthplace, *Summersetts County Md.*  
Name of Medical Attendant, or other Person who makes this Return *Crescentia Kinsell*  
Address, *11 South Chapel Street per Jackson Kinsell*  
Remarks, *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 14<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *Baltimore. Will St No 14*
5. Full Name of Mother *Charlotte Kelly*
6. Mother's Maiden Name *" Seward*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Kelly*
9. Father's Occupation *works in Tobacco ware house*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *M<sup>rs</sup> Elizabeth Scarborough*
- Address *220 Montgomery St Balt.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) ..
3. Date of Birth, *14<sup>th</sup> of October 1881.*
4. Place of Birth, (Street and Number) *No 8 Dover St.*
5. Full Name of Mother, *Kate Tiernino*
6. Mother's Maiden Name, *" " Sicilia*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick Tiernino*
9. Father's Occupation, *Police man.*
10. Father's Birthplace, *Canada.*
- Name of Medical Attendant, or other Person who made this Return, *Anne Lindner.*
- Address, *No 45 S. Monroe St.*
- Remarks,

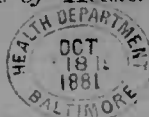


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51058

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

october 14<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

west street 222

5. Full Name of Mother,

Isabell stepney

6. Mother's Maiden Name,

Isabell stepney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hill

9. Father's Occupation,

oyster shucker

10. Father's Birthplace,

Pittsburg Me

Name of Medical Attendant, or other Person who makes this Return.

no medical

Address,

250 cross street

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October, the 14, 1881.*

4. Place of Birth, (Street and Number) *E. Monument St. No 368.*

5. Full Name of Mother, *Lizzie Sawyer*

6. Mother's Maiden Name, *Lizzie Fischer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harper Sawyer*

9. Father's Occupation, *Broom maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *W. Dallas St. No 26.*

Remarks,

At any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57060

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51061

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



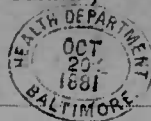
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct 14*  
 4. Place of Birth (Street and Number) *Baltimore Monument st extended*  
 5. Full Name of Mother *Mary Pochlman*  
 6. Mother's Maiden Name *Mary Stout*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *J. Pochlman*  
 9. Father's Occupation *Printer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this return *Dequeter Glasco*  
 Address *E. Meloy st extended*  
 Remarks *Good health*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31062

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *14<sup>th</sup> of Oct*  
 4. Place of Birth (Street and Number) *212 West St Balt*  
 5. Full Name of Mother *Margaret Basell*  
 6. Mother's Maiden Name *Margaret A. Fullmon*  
 7. Mother's Birthplace *Talhard County Md*  
 8. Full Name of Father *A D Basell*  
 9. Father's Occupation *Cigar mkr*  
 10. Father's Birthplace *Talhard County*  
 Name of Medical Attendant, or other Person who makes this return *Mrs S. Brooks*  
 Address *21a Warner St*  
 Remarks *doing well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 child

1. Sex, (state whether male or female)....

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 14

4. Place of Birth, (Street and Number)...

4627 N. Green St

5. Full Name of Mother,

Ida B. Martin

6. Mother's Maiden Name,

Ida C. Hathorn

7. Mother's Birthplace,

Mc N Baltimore County

8. Full Name of Father,

Thomas H. Martin

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sommersfield

Address,

No 38 Pennsylvania

Remarks,

none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *13<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 14<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *No 1 Columbia Avenue*  
 5. Full Name of Mother *Elizabeth C Hurster*  
 6. Mother's Maiden Name *Elizabeth C Fillingim*  
 7. Mother's Birthplace *Balt<sup>y</sup> Md*  
 8. Full Name of Father *Andrew M Hurster*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *J Edward Kirby Md*  
 Address *No 24 Columbia Avenue*  
 Remarks

Let any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 1 Stoddard Alley
5. Full Name of Mother, Lidon School
6. Mother's Maiden Name, "
7. Mother's Birthplace, Annapolis No 2
8. Full Name of Father, John School
9. Father's Occupation, Labour
10. Father's Birthplace, Annapolis No 2
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address, 71 Burgundy Alley
- Remarks, "

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2*  
1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *color child*  
3. Date of Birth, *14 of October 1881*  
4. Place of Birth, (Street and Number) *567 Mulberry*  
5. Full Name of Mother, *Lizzie Armstrong*  
6. Mother's Maiden Name, *Lizzie*  
7. Mother's Birthplace, *Galley*  
8. Full Name of Father, *Baltimore*  
9. Father's Occupation, *Ref. St.*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Miller*  
Address, *181 York Street*  
Remarks,

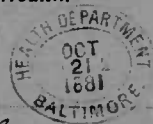
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 14th*
4. Place of Birth (Street and Number) *No 299 Park Av.*
5. Full Name of Mother *Lilly White*
6. Mother's Maiden Name *Jagler*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Charles White*
9. Father's Occupation *Book Keeper*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Origen Backler*
- Address *135 N Chas St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57068

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *October 14<sup>th</sup>*  
 4. Place of Birth (Street and Number) *No 176 Maryland str*  
 5. Full Name of Mother *Lilly Burlington*  
 6. Mother's Maiden Name *Brooks*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *Wm. Burlington*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *New York*  
 Name of Medical Attendant, or other Person who makes this Return. *Reggie Buckler*  
 Address *135 N Charles, 14*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

color

3. Date of Birth

OCT 14

4. Place of Birth (Street and Number)

13 Beech stly

5. Full Name of Mother

Lusa Blair

6. Mother's Maiden Name

1. martin

7. Mother's Birthplace

Winchester

8. Full Name of Father

Salomon Blair

9. Father's Occupation

Oyster chucker

10. Father's Birthplace

Warfark Va

Name of Medical Attendant, or other Person who makes this Return.

May S. Demmi

Address

No 21 Beech stly

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51070

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3<sup>d</sup>)  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 14<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

No 20 Grove St

5. Full Name of Mother,

Julia Pennington

6. Mother's Maiden Name,

" Alice

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm E Pennington

9. Father's Occupation,

Rigger

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Regina F Winder

Address,

186 Maryland Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.

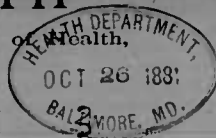


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Success*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *14*
4. Place of Birth (Street and Number) *158 Johnson St*
5. Full Name of Mother *Anna Grace Apperly*
6. Mother's Maiden Name *Wells*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Sherman*
9. Father's Occupation *Coal Miner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elihu Smith*
- Address *28 Fort Ave*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *14th October*

4. Place of Birth, (Street and Number) *Harward St 336*

5. Full Name of Mother, *Rosetta Farmer*

6. Mother's Maiden Name, *Rodens*

7. Mother's Birthplace, *Cambridge*

8. Full Name of Father, *Jahomas Rodens*

9. Father's Occupation, *as sters shucker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who make this Return *Angelina Wilson*

Address, *W. 1st St*

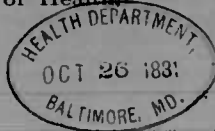
Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51073

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seven 11*

1. Sex, (state whether male or female) *per mail*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *14th October*

4. Place of Birth, (Street and Number) *Hamberg Street 118*

5. Full Name of Mother, *Rahak Harris*

6. Mother's Maiden Name, *Washington*

7. Mother's Birthplace, *Charles County*

8. Full Name of Father, *John Harris*

9. Father's Occupation, *single occupation*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *angelina Wilder*

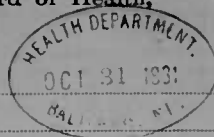
Address, *Warner St 194*

Remarks,

When any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

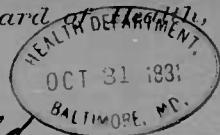


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 184 St Paul St Oct 14: 1881
4. Place of Birth, (Street and Number) 184 St Paul St
5. Full Name of Mother, Sophie Reigut Capasa
6. Mother's Maiden Name, Ruse
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Capasa
9. Father's Occupation, Wheeler Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this Return P. B. Williams
- Address. 201 Madison Ave
- Remarks, \_\_\_\_\_

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 14<sup>th</sup> 1881 =

4. Place of Birth, (Street and Number)

205-Sharp, St.

5. Full Name of Mother,

Susan Trimble,

6. Mother's Maiden Name,

"Leutner,

7. Mother's Birthplace,

Balto City -

8. Full Name of Father,

Marks Trimble,

9. Father's Occupation,

Clerk,

10. Father's Birthplace,

Germany,

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tolt. M.D.

Address,

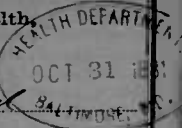
15-2 Sharp St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 353 William St.
5. Full Name of Mother, Mary Foxwell
6. Mother's Maiden Name, Fowler
7. Mother's Birthplace, Philadelphia, P.
8. Full Name of Father, Capt. Wm. Foxwell
9. Father's Occupation, Mariner
10. Father's Birthplace, Dorchester, Co., Mass.
- Name of Medical Attendant, R. J. N. Tall, M.D.  
or other Person who makes this Return
- Address, 152 Sharp St.
- Remarks, \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 14. 1881*
4. Place of Birth, (Street and Number) *W. Chapman St. No. 122*
5. Full Name of Mother, *Charles A. Hubler*
6. Mother's Maiden Name, *Hubler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Hubler*
9. Father's Occupation, *Wagon-maker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who make this Return, *John J. P. Bouchard*
- Address, *Laurel St. No. 11*
- Remarks, *No. 11*



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31079

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *Oct 14*
4. Place of Birth, (Street and Number) ... *588 Eastern Ave*
5. Full Name of Mother, ... *Mary Sippling*
6. Mother's Maiden Name, ... *Jay*
7. Mother's Birthplace, ... *Baltimore*
8. Full Name of Father, ... *Julius Sippling*
9. Father's Occupation, ... *Labrer*
10. Father's Birthplace, ... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return ... *Mrs Louise Knapp*
- Address, ... *# 236 Canton St.*
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*George Patrick Tighe*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*First Child*

1. Sex, (state whether male or female)

*White Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*Oct 14<sup>th</sup> 1881*

4. Place of Birth, (Street and Number)

*101 N. Pratt St. Balto*

5. Full Name of Mother,

*Emma Margaret Tighe*

6. Mother's Maiden Name,

*" "*

7. Mother's Birthplace,

*Baltimore Md*

8. Full Name of Father,

*Patrick Joseph Tighe*

9. Father's Occupation,

*Farmer*

10. Father's Birthplace,

*Balto County Md*

Name of Medical Attendant, or other Person who makes this Return

*Mrs. C. Seebach*

Address,

*439 West Pratt St*

Remarks,

*10-23-82*

*Baltimore*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Girl
  2. Race or Color, (if not of the white race) White
  3. Date of Birth 15 October
  4. Place of Birth, (Street and Number) 241 Wolfe Street
  5. Full Name of Mother Hermes Müller
  6. Mother's Maiden Name Hergel
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Karl Hergel
  9. Father's Occupation —
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie Güttner
- Address Wolfe Street 245
- Remarks —

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, ~~2nd~~, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 15th.

No 132 N. Eutaw St.

Mrs William Brown.

Do not know

"  
William Brown.

Do not know

"  
J. C. Madding, M.D.

28 W. Monument St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c) *1<sup>st</sup>*

Sex (state whether Male or Female) *Girl*

Race or Color (if not of the white race) *Colored.*

Date of Birth *13<sup>th</sup> Oct. 1881*

Place of Birth (Street and Number) *Stockton Street.*

Full Name of Mother *Selia Franklin*

Mother's Maiden Name

Mother's Birthplace

Full Name of Father *Levis Franklin*

Father's Occupation *Dries a dug cart*

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Caroline Jones.*

Address *Very Healthly*

Remarks

"That any physician, accouchant, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st Child*

1. Sex, (state whether male or female) *Male* *Louis John Betz*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 15, 1891.*

4. Place of Birth, (Street and Number) *Orlean St. No 390.*

5. Full Name of Mother, *Lizzie Betz*

6. Mother's Maiden Name, *Lizzie Hildebrand*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Jacob Betz*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who made this return *Mary E. Müller*

Address, *W. Dallas St. No 20*

Remarks, *Full name of child added by mother.*  
*Physician by mother*

*L. E. Helm - Reg.*

*Conf 29-1934*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fish*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*White*  
*October 15-1881 12 AM.*  
*161 W Lombard St. (Maternity)*

*Cora Deacon*

*"*  
*Baltimore, Md*

*Unknown*

*L. L. Bitting M.D.*

*Resident Physician in*

*Illegitimate - L. O. J. A. Forceps - Slight rupture*  
*Patent Delivered 17 18 420 old*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,...

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,...

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second

Male

White.

October 15<sup>th</sup> 1881

No 68 Harford Ave

Catharine Kernan

Catherine Hall

Baltimore City.

John J. Kernan

Laborer

Baltimore City.

Mrs Eliza Flemming

No 95 Albemarle Street

(City)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51087

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct- 15- 87

4. Place of Birth, (Street and Number)

15 Lombard

5. Full Name of Mother,

Anna Stanger

6. Mother's Maiden Name,

Blankenship

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Stanger

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Graham

Address,

72 E. Lombard St

Remarks,

That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) *1<sup>st</sup>*
1. Sex (*state whether male or female*) *Male*
2. Race or Color (*if not of the white race*) *Colored*
3. Date of Birth *Oct. 13<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *640. N. Lexington St.*
5. Full Name of Mother *Kennetha B. Spivey*
6. Mother's Maiden Name *Kennetha B. Spivey*
7. Mother's Birthplace *Saxony, Germany*
8. Full Name of Father *James B. Spivey*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *John J. Spivey, M.D.*
- Address *273. "W. L." Light St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51089

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth, .....
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, .....

Female

white.

Oct. 15/81

186 S. Bond St.

Ida Mc Kinnon

Ida McLean

Bald.

J. W. McKinnon

Mariner

N. Scotia

S. R. W. Mansfield

117 S. Broadway

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 26 - 13<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *106 in Central Ave*
5. Full Name of Mother *Annie Mary Augusta Wallace*
6. Mother's Maiden Name *Ms. Shane*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Joseph Wallace*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Francis J. Dancer M.D.*
- Address *105 N. Central Avenue.*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51091

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 children*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *15 of October*  
4. Place of Birth, (Street and Number) *No 160 Johnson St*  
5. Full Name of Mother, *Mary Egan*  
6. Mother's Maiden Name, *Mary Mary Carmoet*  
7. Mother's Birthplace, *Ireland*  
8. Full Name of Father, *Mark Egan*  
9. Father's Occupation, *House Painter*  
10. Father's Birthplace, *Ireland*  
Name of Medical Attendant, or other Person who makes this Return *Joseph Grishaber*  
Address, *No 125 West St*  
Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51092

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 15 1881
4. Place of Birth (Street and Number) 110 Beaboev street
5. Full Name of Mother Ellen Stokes
6. Mother's Maiden Name Stokes
7. Mother's Birthplace Baltimore
8. Full Name of Father Morris Myers
9. Father's Occupation Labor.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish
- Address corner 1st and Chestnut
- Remarks the child is still alive



51093  
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 19th 1881*
4. Place of Birth, (Street and Number) *Maderia Alley 151*
5. Full Name of Mother, *Lizzie Hamburg Buereschmidt*
6. Mother's Maiden Name, *L. Hamburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Martin Buereschmidt*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary C. Cunniff*
- Address, *171 G. Washington Street*
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51094

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 14 1881*
4. Place of Birth, (Street and Number) *1267 Monroe St - Balt.*
5. Full Name of Mother, *Ellen Schanfield*
6. Mother's Maiden Name, *Ellen D. Suffer*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Frederick Schanfield*
9. Father's Occupation, *Lithographer - 1100 Baltimore Ave factory*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Lennon*
- Address, *425 W. McClellan St*
- Remarks, *First Baby.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51095

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Oct.
4. Place of Birth, (Street and Number) Belair St.
5. Full Name of Mother, Barbara Kuhl
6. Mother's Maiden Name, Reuter
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos. Kuhl
9. Father's Occupation, Salver
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Josephine Reuter
- Address, 20 Barnes
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57096

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 15th Oct 1881
4. Place of Birth, (Street and Number) 96 York St
5. Full Name of Mother Mary A Dougherty
6. Mother's Maiden Name McHugh
7. Mother's Birthplace Balt
8. Full Name of Father Patrick Dougherty
9. Father's Occupation clerk
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. W. Webster M.D.
- Address 57 Bassett
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Oct. 15th 1881

4. Place of Birth, (Street and Number) No 176 S. Rand. St.

5. Full Name of Mother, Anna Gehhart

6. Mother's Maiden Name, "Grund"

7. Mother's Birthplace, City

8. Full Name of Father, Fred. Gehhart

9. Father's Occupation, sugar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Peters

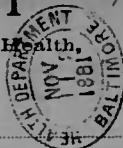
Address 120 B. St.

Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct 15<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No 20 Bradford Allee*
5. Full Name of Mother, *Augusta Cramer*
6. Mother's Maiden Name, *Alt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Carl Cramer*
9. Father's Occupation, *Iron moulder*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth Gots*
- Address *120 Park St*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child.*  
 1. Sex (state whether Male or Female) *Boy.*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *Saturday, October 15<sup>th</sup> 1881.*  
 4. Place of Birth (Street and Number) *300 Airguth St.*  
 5. Full Name of Mother *Annis Foster.*  
 6. Mother's Maiden Name *" Hunt.*  
 7. Mother's Birthplace *Hartford, Balto. Co. Md.*  
 8. Full Name of Father *Charles S. Foster.*  
 9. Father's Occupation *Blacksmith.*  
 10. Father's Birthplace *Hartford, Balto. Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Wilmer D. Miller, M.D.*  
 Address *25 1/2 Greenmount Ave.*  
 Remarks *Varly Presentation.*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *2*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *Oct 15/91*
4. Place of Birth, (Street and Number) ... *114 S. Exeter St*
5. Full Name of Mother, ... *Lisabeth Will*
6. Mother's Maiden Name, ... *Phillips*
7. Mother's Birthplace, ... *Baltimore*
8. Full Name of Father, ... *Benjamin Will*
9. Father's Occupation, ... *Laborer*
10. Father's Birthplace, ... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return ... *Mrs Louise King*
- Address, ... *236 Canton Ave*
- Remarks, .....



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 15/81*
4. Place of Birth, (Street and Number) *202 Eastern Ave*
5. Full Name of Mother, *Katharin Cohn*
6. Mother's Maiden Name, *Katharine Kratz*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Cohn*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kratz*
- Address, *236 Canton Ave*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd  
Male  
White  
Oct 15th -  
No 61 E. Eager -  
Sarah Ella Smith -  
Sarah Ella Wayson  
Balt  
Harry H. Smith  
Telegraphist  
Balt

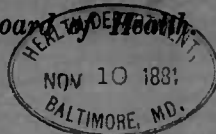
Wm Whitridge

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51103

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 116
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth Oct 15 1881
4. Place of Birth, (Street and Number) N<sup>o</sup> 555 Franklin Ave
5. Full Name of Mother Margaret J. Turkey
6. Mother's Maiden Name Margaret Turkey
7. Mother's Birthplace Ireland
8. Full Name of Father Richard Keller Turkey
9. Father's Occupation Atty at Law
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. H. McAllister M.D.
- Address 23 Franklin
- Remarks

# RETURN OF A BIRTH.

511011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c)

(state whether Male or Female)

Sex or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*3rd*

*Colored.*

*16th of Oct-1881*

*Geno Street.*

*The mother's name is Alice*

*Caroline Jones.*

*Very healthy.*

# RETURN OF A BIRTH.

51103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c)

1<sup>st</sup>

(state whether Male or Female)

Girl.

Free or Color (if not of the white race)

Colored.

Date of Birth

16<sup>th</sup> of Oct. 1881

Place of Birth (Street and Number)

Forning Lane

Full Name of Mother

The mother's name is Lucy

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Mother's Occupation

Mother's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Caroline Jones.

Address

Remarks

Very Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8th  
Female  
colored  
Oct 16th 1881  
676 W Lexington  
Mary Annor Saxon  
Mary Annor Jenkins  
Memphis Tenn  
Wm H Saxon Esq  
Jeweler  
Baltimore Md  
A H Saxon M.D.  
543 Lexington St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51107

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51108

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth 16th of October
4. Place of Birth (Street and Number) 128 Stockholm Baltimore
5. Full Name of Mother Virginia Johnson
6. Mother's Maiden Name Virginia Matthews
7. Mother's Birthplace Baltimore
8. Full Name of Father James Johnson
9. Father's Occupation carriage maker
10. Father's Birthplace London
- Name of Medical Attendant, or other Person who makes this Return. Levin H. Miller
- Address 128 Stockholm
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....  
 1. Sex, (state whether male or female) .....  
 2. Race or Color, (if not of the white race) .....  
 3. Date of Birth, .....  
 4. Place of Birth, (Street and Number) .....  
 5. Full Name of Mother, .....  
 6. Mother's Maiden Name, .....  
 7. Mother's Birthplace, .....  
 8. Full Name of Father, .....  
 9. Father's Occupation, .....  
 10. Father's Birthplace, .....  
 Name of Medical Attendant, or other Person who makes this Return. ....  
 Address, .....  
 Remarks, .....

Female  
 White  
 Oct 16 1881  
 69 William St  
 Adeline Rush  
 Adeline Wheatley  
 Mel  
 William Rush  
 Manner  
 Ma  
 J. C. Bebole Ma  
 50 Park St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57110

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First Child*
1. Sex (state whether Male or Female) *Boy Child*
2. Race or Color (if not of the white race) *Colored child*
3. Date of Birth *June 21-226*
4. Place of Birth (Street and Number) *for on Monday Oct-16 1881*
5. Full Name of Mother *Annie Dayton*
6. Mother's Maiden Name *Annie*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Caroline Jones*
- Address *236 Wine St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

5111

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Nov 16 of 01  
 4. Place of Birth, (Street and Number) 116 Hammond St  
 5. Full Name of Mother Barbara Howard  
 6. Mother's Maiden Name Barbara Hertel  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Henry John Hertel  
 9. Father's Occupation Painter  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this return. Mr. Christina Tauer  
 Address 173 Harper St.  
 Remarks 5181

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st Child*
1. Sex, (state whether male or female).... *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *16th October 1881*
4. Place of Birth, (Street and Number) *A-73-Williams Alley*
5. Full Name of Mother, *Mary Boone*
6. Mother's Maiden Name, *Mary Smith*
7. Mother's Birthplace, *Belmont County*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Belmont County*
- Name of Medical Attendant, *or other Person who make this Return.* *Wiley Cross*
- Address, *181 York Street*
- Remarks,

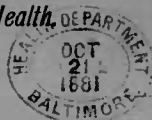
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother at such child or children.

# RETURN OF A BIRTH.

51113

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 16 Sixteenth 1881*
4. Place of Birth (Street and Number) *1115 S. Spring St*
5. Full Name of Mother *Julia C. Kelly*
6. Mother's Maiden Name *Julia King*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John C. Kelly*
9. Father's Occupation *Grain Merchant*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Keane*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth OCT 16
4. Place of Birth (Street and Number) 10 Beach Aly
5. Full Name of Mother Mary N Harrison
6. Mother's Maiden Name Mary A Woodger
7. Mother's Birthplace Baltimore city md
8. Full Name of Father Henry Harrison
9. Father's Occupation bar
10. Father's Birthplace Wilmington North Carolina
- Name of Medical Attendant, or other Person who makes this Return. Mary S Dennis midwife
- Address 10 21 Beach Aly
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51113

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



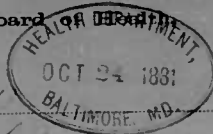
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), (21)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Oct. 14. 1881*
4. Place of Birth, (Street and Number) *Piney Hill No. 4.*
5. Full Name of Mother, *Mary Emma Jackson*
6. Mother's Maiden Name, *Mary Emma Daniel*
7. Mother's Birthplace, *Cincinnati, Ohio*
8. Full Name of Father, *Andrew Jackson*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Richmond, Va.*
- Name of Medical Attendant, *or other Person who makes this Return.* *Dr. J. H. C. C. C.*
- Address, *Mary Ellen No 10 Pimlico*
- Remarks, *None*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51116

To the Office of Registrar of Vital Statistics. Board of Health  
BALTIMORE CITY.



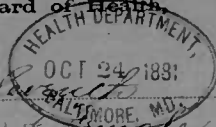
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *October 16 - 1881*
4. Place of Birth, (Street and Number) *1035 E. Fayette St*
5. Full Name of Mother, *Susan B. Penn*
6. Mother's Maiden Name, *Susan B. Young*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard J. Penn*
9. Father's Occupation, *Silver plater*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Harry A. Allwell*
- Address *226 N. Lombard St*
- Remarks \_\_\_\_\_



"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks,

Male

October 16 - 1881

1327 Chew Street

Mary C. Stevenson

Mary C. Burlew

Ohio

James H. Stephenson

Upsholter

Kentucky

Mary C. Milwood

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 of October 1881*
4. Place of Birth, (Street and Number) *Elliot and Chino*
5. Full Name of Mother, *Mary Nitzel*
6. Mother's Maiden Name, *P. Diefel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Nitzel*
9. Father's Occupation, *Oil Refiner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address *1013 Tatterton St*
- Remarks

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51120

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Caucasian*
3. Date of Birth, *Oct. 16th 87* *# 120 Little Green St.*
4. Place of Birth, (Street and Number) *# 125 Little Green St.*
5. Full Name of Mother, *Mandy Grund*
6. Mother's Maiden Name, *Frank*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Grund*
9. Father's Occupation, *Box-maker*
10. Father's Birthplace, *Saxony, Germany*
- Name of Medical Attendant, *Mary Koch*  
or other Person who makes this Return
- Address, *# 321 f. Cedar St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51121

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Kind  
Mädchen

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Weiß

3. Date of Birth,

geboren den 16ten October

4. Place of Birth, (Street and Number)

Nº 202 Bethel Str

5. Full Name of Mother,

Emma Wapmann

6. Mother's Maiden Name,

Emma Vater

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Lorenz Wapmann

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return

Friederike Kaufmann

Address, Nº 197 S. Talloes Str

Remarks,

Heim

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Kind*  
*Bab*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 16ten Octo ber*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 161. S. Eden Str*
5. Full Name of Mother, *Louise Drummick*
6. Mother's Maiden Name, *Louise Maier*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Drummick*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Friederike Hauptmann*  
or other Person who makes this return
- Address, *N<sup>o</sup> 197 S. Dallas Str*
- Remarks, *Home*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51123

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>tes</sup> Kind*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren 16. ten October*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 24 Nord. Durham Str*
5. Full Name of Mother, *Maggie Fone* *Hopner*
6. Mother's Maiden Name, *Maggie Fone* *Fone*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hopner*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Glaufrmann*
- Address, *N<sup>o</sup> 197 S. Dallas Str*
- Remarks, *Heim*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51124

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Lind*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren 16. ten October*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 377. Counton Av*
5. Full Name of Mother, *Chathrine Thies*
6. Mother's Maiden Name, *Chathrine Regner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sehim Thies*
9. Father's Occupation, *Copier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Hornemann*
- Address, *N<sup>o</sup> 197 S. Dallas St*
- Remarks, *Hominie*

Enrich Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51125

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, 16 of Oct 1891
  4. Place of Birth, (Street and Number) 126 Collington Avenue Balt
  5. Full Name of Mother, Pauline Rush Basby
  6. Mother's Maiden Name, Pauline Rush
  7. Mother's Birthplace, Germany
  8. Full Name of Father, Baltimore County John Basby
  9. Father's Occupation, Processor Can Maker
  10. Father's Birthplace, Balto County
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary E Simms  
Address, 171 W. Washington St  
Remarks,



Examine Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

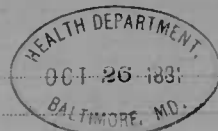
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51126

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct-16th 1881*

4. Place of Birth, (Street and Number) *Alceanna St*

5. Full Name of Mother, *Mary Lidenberger Yeager*

6. Mother's Maiden Name, *Mary Lidenberger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Yeager*

9. Father's Occupation, *Cyler Truckee*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary E Linn*

Address, *1710 Washington St*

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 18th*

4. Place of Birth (Street and Number) *387 Franklin St.*

5. Full Name of Mother *Mrs. Jennie Swigert*

6. Mother's Maiden Name *Waller*

7. Mother's Birthplace *Va.*

8. Full Name of Father *John R. Swigert*

9. Father's Occupation *Photographer*

10. Father's Birthplace *Balto. City*

Name of Medical Attendant, or other Person who makes this Return. *A. F. Hill M.D.*

Address *381 Franklin St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51128

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 16 October 1881
4. Place of Birth, (Street and Number) 49 North High Street
5. Full Name of Mother Julia Williams
6. Mother's Maiden Name Birch
7. Mother's Birthplace Worcester, County Md.
8. Full Name of Father William Williams
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Sophia Hinds
- Address 135 Chestnut Street
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51129

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 16<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

264 Madison St

5. Full Name of Mother,

Laura Virginia Green

6. Mother's Maiden Name,

Laura Virginia Douglas

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

E. Thomas Green

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook, M.D.

Address,

146 Madison St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51150

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 16/88.
4. Place of Birth, (Street and Number) 41 Garden St
5. Full Name of Mother, Jane Wakeham
6. Mother's Maiden Name, Jane Mc. Donald
7. Mother's Birthplace, England
8. Full Name of Father, Francis Wakeham
9. Father's Occupation, Cauchman
10. Father's Birthplace, England
- Name of Medical Attendant, Mrs A Meserich  
or other Person who makes this Return
- Address, 345 Penna St
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

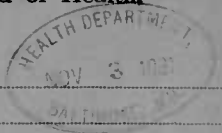
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 16/1881

4. Place of Birth, (Street and Number) 119 Western St

5. Full Name of Mother, Ella Harris

6. Mother's Maiden Name, Ella Webb

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Harris

9. Father's Occupation, Barterer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs A. L. M. M. M. M.

Address, 345 Pennsylvania Ave

Remarks, \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 16th 1881
4. Place of Birth (Street and Number) 444 N Central Ave
5. Full Name of Mother Ellen Harker
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore
8. Full Name of Father G. E. Harker
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley
- Address Twin children: 256 E. John St
- Remarks Florence E Harker  
+ Clara C. Harker

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57134

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 1/2

1. Sex, (state whether male or female) ..

Female

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

October 16/

4. Place of Birth, (Street and Number) ..

Belair Ave

5. Full Name of Mother, ..

Mary Frederica Rimbach  
Haas

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

Germany

8. Full Name of Father, ..

George Rimbach  
Brewer

9. Father's Occupation, ..

10. Father's Birthplace, ..

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Traub  
236 ...

Address, ..

Remarks, ..



correct Record of Vital Statistics in the City

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51135

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 16th. 1881*

4. Place of Birth, (Street and Number) *No. 101 N. Spring St.*

5. Full Name of Mother, *Josephine Wilson*

6. Mother's Maiden Name, *Josephine Clark*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. Wilson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt*

Address *No. 185 S.E. cor. Central av & Monument St.*

Remarks, *Well*

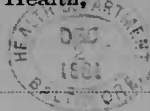
"That any physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 15<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *2004 Central Ave*
5. Full Name of Mother, *Minnie Stallin*
6. Mother's Maiden Name, *Minnie Reinhardt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Stallings*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *Sam M. Hunter M.D.*
- Address, *36 Greenmount Ave*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 1881
4. Place of Birth, (Street and Number) No. 588 East Madison St.
5. Full Name of Mother Mrs. Mary E. B. Chadrick
6. Mother's Maiden Name Mrs. Mary E. B. Carmon
7. Mother's Birthplace Maryland
8. Full Name of Father Mr. Wm. R. Chadrick
9. Father's Occupation Police Officer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Cleudinow M. D.
- Address No. 102 N Broadway
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51138

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Oct 19 9/1881.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 17<sup>th</sup> 1881.

4. Place of Birth, (Street and Number) 353 Eastern Ave.

5. Full Name of Mother, Lizzie Jensen.

6. Mother's Maiden Name, Lizzie Zimmermann.

7. Mother's Birthplace, America.

8. Full Name of Father, John Jensen.

9. Father's Occupation, Laborer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return, Miss Mary Amend.

Address, 137 South Wolfe St.

Remarks, CA



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51139

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17th 81

4. Place of Birth, (Street and Number)

No 29 James alley

5. Full Name of Mother,

Mary Roemer

6. Mother's Maiden Name,

Poll

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Roemer

9. Father's Occupation,

Labourer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwager midwife

Address,

330 Hanover st.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct-17th
4. Place of Birth, (Street and Number) ..... 38 N. Eager
5. Full Name of Mother, ..... Mary Tubers
6. Mother's Maiden Name, ..... Grace
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Hermann Tubers
9. Father's Occupation, ..... Painter
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Emma G. G. G.
- Address, ..... 72 E. G. G.
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51141

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



51142

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex (state whether Male ~~or Female~~)
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *Oct 17 1881*
  4. Place of Birth (Street and Number) *160 N. Eutaw St. Balto Md.*
  5. Full Name of Mother *Flourence Councille*
  6. Mother's Maiden Name *" " Hearn*
  7. Mother's Birthplace *Virginia*
  8. Full Name of Father *W. B. Councille*
  9. Father's Occupation *Butter Dealer*
  10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Yingling M.D.*  
Address *152 1/2 N. Eutaw St.*  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51143

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 17/87

4. Place of Birth, (Street and Number)

198 E. Lombard St.

5. Full Name of Mother,

Marcella M. Bready

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Sam'l M. Bready

9. Father's Occupation,

machinist

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51144

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,.....

Oct. 17/87

4. Place of Birth, (Street and Number)

140 S. Ann St.

5. Full Name of Mother,

Laura S. Gosweller

6. Mother's Maiden Name,

" " Fisher

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

A. V. H. Gosweller

9. Father's Occupation,

Physician

10. Father's Birthplace,

Cumberland Co. Pa.

Name of Medical Attendant, or other Person who makes this return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57145

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
Female

1. Sex, (state whether male or female)....

white

2. Race or Color, (if not of the white race)

Oct. 17/81

3. Date of Birth,.....

55 Hues St. L.P. Balt. city

4. Place of Birth, (Street and Number)

Rosa Hathaway

5. Full Name of Mother,

" Natstrum

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

Warren Hathaway

8. Full Name of Father,

Colerke

9. Father's Occupation,

Balto

10. Father's Birthplace,....

St R.W. Mansfield

Name of Medical Attendant, or other Person who makes this Return.

117 S. Broadway

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

5114-6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th Sixth  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 17th 1881

4. Place of Birth (Street and Number)

185 W. Mount St.

5. Full Name of Mother

Josephine Daily Chappell

6. Mother's Maiden Name

"

7. Mother's Birthplace

Maryland

8. Full Name of Father

Conrad A Chappell

9. Father's Occupation

Salesman

10. Father's Birthplace

B. C. Tanager Hill Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

119 E. Monument Ave

Remarks

Direct Requirements of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 17th 1881*
4. Place of Birth (Street and Number) *Balto City No 440 E Monument St*
5. Full Name of Mother *Mary Wagner*
6. Mother's Maiden Name *Mary Kirchmann*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *William Wagner*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Report. *Mrs Caroline Miller*
- Address *No 5 Walker St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17th Oct*
4. Place of Birth, (Street and Number) *No 103 Fort St*
5. Full Name of Mother, *Kate Unduch*
6. Mother's Maiden Name, *Kate Burns*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Unduch*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Enshaber*
- Address, *No 128 West St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17<sup>th</sup> Oct 1881*
4. Place of Birth (Street and Number) *No 190 Colborne St*
5. Full Name of Mother *Lena H. Hawley*
6. Mother's Maiden Name *H. Newbourn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John H. Hawley*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*W. L. Warner M.D.*  
*Street 100 Howard St*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31150

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th October 1881
4. Place of Birth, (Street and Number) 370 Port St
5. Full Name of Mother, Kathleen Markel
6. Mother's Maiden Name, Kanner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Markel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley
- Address No 12 Patterson Park
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51187

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth October 17th 1881
4. Place of Birth, (Street and Number) Room 300 near window
5. Full Name of Mother Sarah Jane Harrison
6. Mother's Maiden Name Sarah Jane Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father James Harrison
9. Father's Occupation Wagoner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth L. Harrison
- Address 2707 Ave 2540
- Remarks Mother and child is doing well

For the purpose of securing a full and correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51152

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Bulb

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Heinz  
given on 17<sup>th</sup> October

4. Place of Birth, (Street and Number)

No 456 Canton Av.

5. Full Name of Mother,

Mary Elvöspe

6. Mother's Maiden Name,

Mary Thaler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Elvöspe

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Friederike Laufmann

Address,

No 194 S. Dallas St

Remarks,

Home

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *James A. Sales* mother and child *the child is a Boy*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the child is Colored*

1. Sex, (state whether male or female) *October 17*

2. Race or Color, (if not of the white race) *1344 W. Barline*

3. Date of Birth, *Emily Sales*

4. Place of Birth, (Street and Number) *Emily Jenson*

5. Full Name of Mother, *Baltimore md*

6. Mother's Maiden Name, *Harro Sales*

7. Mother's Birthplace, *Stoard on a Bote*

8. Full Name of Father, *Baltimore Md*

9. Father's Occupation, *St*

10. Father's Birthplace, *Emmie Duppkin*

Name of Medical Attendant, or other Person who makes this Return *122 N Dallas*

Address, *every thing is all write*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17 October*
4. Place of Birth, (Street and Number) *12 Conser*
5. Full Name of Mother, *Maria Hoffman*
6. Mother's Maiden Name, *Whitman*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Nehus Hoffman*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Hensao*
- Address, *10 Barnes St.*
- Remarks.

"That any physician, accouchier, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51153

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY..



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

October 17, 1881

4. Place of Birth, (Street and Number)

Baltimore, Charles St. No. 274

5. Full Name of Mother,

Mary Louise Friedenbach

6. Mother's Maiden Name,

Mary Louise Will

7. Mother's Birthplace,

Friendship, Maryland

8. Full Name of Father,

Frederick Friedenbach

9. Father's Occupation,

Miner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Dr. M. M. M. M.

Address,

401 Montgomery and Linden St.

Remarks,

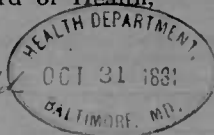
Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51156

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race) ..

3. Date of Birth,

Oct. 17, 1881

4. Place of Birth, (Street and Number)

Baltimore 101 North Frederick

5. Full Name of Mother,

Anna Ruettinger

6. Mother's Maiden Name,

Anna Kirschner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Heinrich Michael Ruettinger

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany Bremen

Name of Medical Attendant, or other Person who makes this Return

Address,

61 North Schroeder

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51157

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First Child*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) .....

3. Date of Birth,..... *October 17<sup>th</sup> 1881*

4. Place of Birth, (Street and Number)..... *97 Scott St Baltimore*

5. Full Name of Mother,..... *Mary Rehneger*

6. Mother's Maiden Name,..... *Mary Wallgate*

7. Mother's Birthplace,..... *Baltimore City*

8. Full Name of Father,..... *Lewis Rehneger*

9. Father's Occupation,..... *Piano Maker*

10. Father's Birthplace,..... *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return..... *Burton W. M. W.*

Address,..... *1 Second St Baltimore*

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *October 17<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *South Fremont St No 85*  
 5. Full Name of Mother *Katharine Russell*  
 6. Mother's Maiden Name *Katharine Keating*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Wm H Russell*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Baltimore Maryland*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Jane H. Miller*  
 Address *No 136 Mt Vernon St Baltimore Md*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



William Henry Murphy

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 17th 1881.

4. Place of Birth (Street and Number) 53 N. Bond.

5. Full Name of Mother Sue Murphy

6. Mother's Maiden Name Hubbard

7. Mother's Birthplace Balto. Md.

8. Full Name of Father C. H. Murphy

9. Father's Occupation Agent

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes the Return. M. B. Billingslee

Address

GIVEN NAME ADDED.

9-29-53

256 E. John St

Remarks

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51160

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 17 Oct 1881
4. Place of Birth, (Street and Number) 249 Alice Anna St.
5. Full Name of Mother, Anna M. Baumeister
6. Mother's Maiden Name, Gebhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Baumeister
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mary Stein  
or other Person who makes this Return
- Address, 151 E. Pratt St.
- Remarks, \_\_\_\_\_

"That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51161

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>ca</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 17/81*
4. Place of Birth, (Street and Number) *#276 S Bond St*
5. Full Name of Mother, *Liebeth Schoff*
6. Mother's Maiden Name, *Grill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Schoff*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Laurence Craft*
- Address, *236 Canton Ave*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51162

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, October 17th. 1881.
4. Place of Birth, (Street and Number) No 2. Gram. Alley near Caroline St.
5. Full Name of Mother, Susan Murray.
6. Mother's Maiden Name, Susan Conway.
7. Mother's Birthplace, Virginia
8. Full Name of Father, Dave Murray.
9. Father's Occupation, Laborer
10. Father's Birthplace, Lancaster County.
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.
- Address, No. 185 P. E. cor. Central av. & Monument.
- Remarks, All Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Conf. in*
1. Sex, (state whether male or female)..... *female*
2. Race or Color, (if not of the white race)..... *Caucasian*
3. Date of Birth,..... *Oct. 18<sup>th</sup> 1881*
4. Place of Birth, (Street and Number)..... *27 N. Front St -*
5. Full Name of Mother,..... *E. A. O'Neill -*
6. Mother's Maiden Name,..... *E. A. Higgins*
7. Mother's Birthplace,..... *Balti.*
8. Full Name of Father,..... *A. F. O'Neill*
9. Father's Occupation,..... *Plumber*
10. Father's Birthplace,..... *Ireland*
- Name of Medical Attendant, or other Person who makes this Return...... *D. Haeth M.D.*
- Address,..... *143 N. Front St -*
- Remarks, - *R. O. J. a - born 5 min. aft. m -*  
*strong well -*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

311611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st (one of twins)*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Oct. 18/1881*

4. Place of Birth, (Street and Number) *27 N. Front St.*

5. Full Name of Mother, *E. A. O'Neill*

6. Mother's Maiden Name, *E. A. Higgins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *A. F. O'Neill*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *D. Street M.D.*

Address, *143 N. Exchange St.*

Remarks, *Delivered by forceps - had arrived at only 7 mo. of gestation doing well -*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 51145

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *October 18th, 1881*
4. Place of Birth, (Street and Number) *No. 295 Orleans Street*
5. Full Name of Mother *Mrs. Emma E. Keyser*
6. Mother's Maiden Name *Miss Emma E. Harris*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Mr. Frederick R. Keyser*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this return. *Mrs. H. Cleadenon M.D.*
- Address *No 102 N. Bira Way*
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31166

To the Office of Registrar of Vital Statistics. Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18th 81  
No 98 Guttman's alley

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Annie Reesh  
Schmidt

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Reesh  
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Germaney

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife  
330 Hanover st.

Address,

Remarks,



# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 18th, 1881
4. Place of Birth, (Street and Number) No. 295 Orleans Street
5. Full Name of Mother Mrs. Emma E. Keyser
6. Mother's Maiden Name Mrs. Emma E. Harris
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Mr. Frederick R. Keyser
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Glendinning M.D.
- Address No 102 N. Broadway
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51166

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

6th Child  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18th 81

4. Place of Birth, (Street and Number)

No 98 Gullmans ally

5. Full Name of Mother,

Annie Reish

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Reish

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

J. Lohgasser midwife

Address,

330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51167

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18th 81

4. Place of Birth, (Street and Number)

294 Cross st

5. Full Name of Mother,

Catherin Becker

6. Mother's Maiden Name,

Weisbrodt

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Honry Becker

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiger Midwife

Address,

330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51168

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child

1. Sex, (state whether male or female)

Male



2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 18th 81

4. Place of Birth, (Street and Number)

211 Fayette St

5. Full Name of Mother,

Sarah Weisscanger

6. Mother's Maiden Name,

Weber

7. Mother's Birthplace,

America

8. Full Name of Father,

John Weisscanger

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address,

330 Harrison St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51169

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 18<sup>th</sup>
4. Place of Birth, (Street and Number) 204 Eastern Ave.
5. Full Name of Mother, Charlotte Baker
6. Mother's Maiden Name, Gambrell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Baker
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Charles Wagner
- Address,
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57170

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct-18<sup>th</sup>
4. Place of Birth, (Street and Number) ..... 1 W. Front St.
5. Full Name of Mother, ..... Hettie Thomas
6. Mother's Maiden Name, ..... Thomas
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Eugene Thomas
9. Father's Occupation, ..... Mechanic
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mrs. E. Thomas
- Address, ..... 72 E. Lombard
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 7*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Dec 15 4 P.M.*
4. Place of Birth, (Street and Number) *1825, Tallow, St*
5. Full Name of Mother *Rose Gas*
6. Mother's Maiden Name *Rose Albracht*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William August Albracht*
9. Father's Occupation *Sales*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Cristina*
- Address *James 149 Harrison*
- Remarks *1891*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51172

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Fourth*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *River complexion*
3. Date of Birth, *October 18<sup>th</sup> 1881*
4. Place of Birth, (Street and Number)... *4 Hamilton St.*
5. Full Name of Mother, *Eliza Page*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Newfoundland*
8. Full Name of Father, *Arthur Page*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Windsor, New Brunswick*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *6 Hamilton St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51173

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Black White*
3. Date of Birth, *18 of October 1881*
4. Place of Birth, (Street and Number) *106 William Alley*
5. Full Name of Mother, *amie reade*
6. Mother's Maiden Name, *amie recorder*
7. Mother's Birthplace, *frank recorder*
8. Full Name of Father, *Baltimore*
9. Father's Occupation, *Poker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *Wm. J. Gross*
- Address, *151 Park Street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

511711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) M. Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th
4. Place of Birth, (Street and Number) No. 51 Bond St.
5. Full Name of Mother, Annie Mary Witcher
6. Mother's Maiden Name, " " Greb
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Witcher
9. Father's Occupation, Lock Smith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Sophia Simon
- Address, No 70 Cadby St
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 18, 1881
4. Place of Birth, (Street and Number), N. Dallas St. No. 51,
5. Full Name of Mother, Elisabetha Black
6. Mother's Maiden Name, Elisabetha Lein
7. Mother's Birthplace, Burggenstein, Gr. Hesse, Germany
8. Full Name of Father, Konrad Black
9. Father's Occupation, Grocer
10. Father's Birthplace, Wunpelt, Gr. Hesse, Germany

Name of Medical Attendant,

or other Person who makes this Return

Harry E. Miller

Address, N. Dallas St. No. 51

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 18, 1881*
4. Place of Birth, (Street and Number) *N. Eder St. No. 26*
5. Full Name of Mother, *Katharina Müller*
6. Mother's Maiden Name, *Katharina Seidel*
7. Mother's Birthplace, *Laggren, Nassau County*
8. Full Name of Father, *August Müller*
9. Father's Occupation, *Reviser*
10. Father's Birthplace, *Verdenhausen, N. Prussia, Germany*

Name of Medical Attendant,

or other Person who makes this Return

Address, *W. Dallas St. No. 26*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Oct 18*
1. Sex, (state whether male or female) *Twins Male & Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 18*
4. Place of Birth, (Street and Number) *No 120 Barred St*
5. Full Name of Mother, *Kate Morgan*
6. Mother's Maiden Name, *Green*
7. Mother's Birthplace, *Mathews County, Va*
8. Full Name of Father, *William J Morgan*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Mathews County, Va*
- Name of Medical Attendant, *Dr. William J. Pickering*  
or other Person who makes this Return
- Address, *No 5 - 10<sup>th</sup> Calver Court*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51179

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Scventh (10 th)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored. Brown*  
 3. Date of Birth *October 18th 1881*  
 4. Place of Birth (Street and Number) *64 S. Balles St*  
 5. Full Name of Mother *Louisa. Cann*  
 6. Mother's Maiden Name *Williams*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Mr Alfred Cann*  
 9. Father's Occupation *Coachman*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Whitfield Winney M.D.*  
 Address *106 S. Gay St Baltimore*  
 Remarks *This child was born natural & full term though the mother was not conscious of the pregnancy until nearly the 10th month being well advanced in Phtosis*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 18/81
4. Place of Birth (Street and Number) 397 Fayette (West)
5. Full Name of Mother Helen Young
6. Mother's Maiden Name Troxall
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward J. Young
9. Father's Occupation Merchant
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57181

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18th 1881

4. Place of Birth, (Street and Number)

406 W. Mc Henry St - Baltimore

5. Full Name of Mother,

Joanna E. Caspary

6. Mother's Maiden Name,

Joanna Port

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Andrew Johannas

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

M. J. Leman

Address,

435 W. Mc Henry St -

Remarks,

Very delicate - Child taken & weighed about 12 Pounds.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57189

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 18th (1881)

4. Place of Birth, (Street and Number)

106 Mc Henry St - Balto City

5. Full Name of Mother,

Joanna Grammar

6. Mother's Maiden Name,

Joanna Pool

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Andrew Grammar

9. Father's Occupation,

Black

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

M. J. Lanark

Address,

435 W. Mc Henry St

Remarks,

very delicate child. 7 lbs

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, .....

4. Place of Birth, (Street and Number)

5. Full Name of Mother, .....

6. Mother's Maiden Name, ..

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, .....

Remarks, .....

3rd  
Male  
White  
October 17, 1881  
110 Randall St  
Mary Carter  
Mary Cooper  
Baltimore Md  
Henry Carter  
Cooper  
Maryland  
Theodore Cook mdr  
146 Nassau St

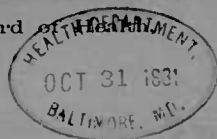
"That any physician, accoucheur, midwife, or other persons in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51184

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

off white 18th October

3. Date of Birth,

4. Place of Birth, (Street and Number)

55 Booth st Baltimore, Md

5. Full Name of Mother,

Louisa Klein

6. Mother's Maiden Name,

Louisa Kapp

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

W. Henry Klein

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who make this Return

Mrs. Lander

Address,

61 North Street

Remarks,

REGISTRY OF Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

18th Oct. 1881  
246 Paratoga St  
Fanny Cohen  
Gandorf  
Balt  
Solomon Cohen  
Merchant  
Balt  
J. W. Webster  
57 Barnes

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 18th 1881*

4. Place of Birth, (Street and Number) *No 160 E Lombard St*

5. Full Name of Mother, *Sophia Tabor*

6. Mother's Maiden Name, *" Rose*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Louis Tabor*

9. Father's Occupation, *Crozier*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *Wm. Elizabeth Bz*

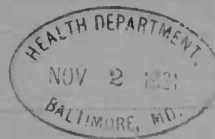
Address, *200 South St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex, (state whether male or female) male
  - Race or Color, (if not of the white race) white
  - Date of Birth, 18 October
  - Place of Birth, (Street and Number) 67 Bond street
  - Full Name of Mother, Hannah Marrel
  - Mother's Maiden Name, " Clifford
  - Mother's Birthplace, Baltimore
  - Full Name of Father, Petto Marrel
  - Father's Occupation, don't have to work very rich
  - Father's Birthplace, Cuba
- Name of Medical Attendant, or other person who makes this Return. Mrs. Rosa Miling
- Address, 48 Highland street
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child  
Girl

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 of October

4. Place of Birth, (Street and Number)

Baltimore no 18 See St

5. Full Name of Mother,

Miss Emma Smith

6. Mother's Maiden Name,

Emma Corney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Snydler

9. Father's Occupation,

Express Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. W. King

Address,

1, Lurey Hall St

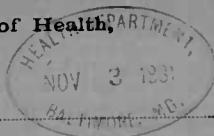
Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

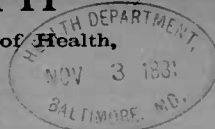


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15 1931
4. Place of Birth, (Street and Number) 28 Marston Pl
5. Full Name of Mother, Hettie A Bush
6. Mother's Maiden Name, Hettie A Jones
7. Mother's Birthplace, Penn
8. Full Name of Father, Horace B Bush
9. Father's Occupation, Merchant
10. Father's Birthplace, Penn
- Name of Medical Attendant, or other Person who makes this Return J. H. Hillman
- Address, 121 N. Monument St
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1881
4. Place of Birth, (Street and Number) 316 Maryland Ave
5. Full Name of Mother, Mattie Smith
6. Mother's Maiden Name, Mattie Goodwin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, T. H. Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other Person who make this Return J. W. H. Thompson
- Address 1214 Hollenback St
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51191

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



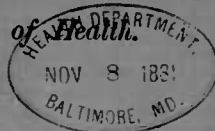
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth, October 18 1887  
 4. Place of Birth, (Street and Number) 106 George St  
 5. Full Name of Mother, Latie Schlereth  
 6. Mother's Maiden Name, Latie Beakman  
 7. Mother's Birthplace, Germany  
 8. Full Name of Father, Michael Schlereth  
 9. Father's Occupation, Shoemaker  
 10. Father's Birthplace, Germany  
 Name of Medical Attendant, Mrs G. Mesenich  
 Address, 375 Penna ave  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 18th 1881

4. Place of Birth, (Street and Number) 246 N. Calver St

5. Full Name of Mother Maria Hartmann

6. Mother's Maiden Name Kober

7. Mother's Birthplace Germany

8. Full Name of Father Herman D. Hartmann

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. S. C. Johnson M.D.

Address 474 N. Gay St

Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, hereinafter, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 18th 1881*
4. Place of Birth, (Street and Number) *No 246 N. Chapple St.*
5. Full Name of Mother, *Annie Davis*
6. Mother's Maiden Name, *Annie McWilliams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Josh Davis*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. W. A. Butt*
- Address *No 185 S.E. cor Central ar. Monument St.*
- Remarks, *All Well*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 18th. 1881*
4. Place of Birth, (Street and Number) *No 267 N. Gay St.*
5. Full Name of Mother, *Barbra Hugel*
6. Mother's Maiden Name, *Barbra Schumuck*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *George Hugel*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. J. Butts*
- Address, *No 185 N. E. cor. Central & Monument St.*
- Remarks, *All Well.*

5195

- gial  
light Brown Skin  
19th October  
Phopie 5-6 no  
Linen Ann Bands  
Linen Ann Waddington  
Nigama  
Good Country  
Harler  
William H Bos  
Lynn Saunders  
Lakshmi Ann Shree

WM. J. O'BRIEN & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH,

31196

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
(state whether male or female) Male  
Sex or Color, (if not of the white race) white race  
Date of Birth October 28 1876  
Place of Birth, (Street and Number) Baltimore Randall St No 41  
Full Name of Mother Matilda Hensler  
Mother's Maiden Name Baumgarten  
Mother's Birthplace Baltimore  
Full Name of Father Joseph Hensler  
Father's Occupation laborer  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Harkness  
Address 209 N. William St  
Remarks



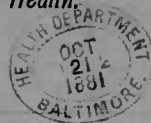
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 19<sup>th</sup>*

4. Place of Birth (Street and Number) *No 178 Argyle St*

5. Full Name of Mother *Gertrude Mc Dougall*

6. Mother's Maiden Name *Collins*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Mc Dougall Sr*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this Return. *Riffin Backe*

Address *135 N Char'l*

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to this registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51198

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 19 1881

4. Place of Birth, (Street and Number) Elizabeth Lane

5. Full Name of Mother, Menie Shubrick

6. Mother's Maiden Name, Menie Laschopskey

7. Mother's Birthplace, West prussia

8. Full Name of Father, Godfrey Shubrick

9. Father's Occupation, Labourer

10. Father's Birthplace, West prussia

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton

Address, No 666 South Charles st

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51199  
51200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 19th
4. Place of Birth, (Street and Number) 240 Blueanna St
5. Full Name of Mother Maggie Goodhues
6. Mother's Maiden Name Maggie Reynolds
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob D Goodhues
9. Father's Occupation Marener
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. Miss Mary J. J. J.
- Address 101 Lancaster St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 19. 1881
4. Place of Birth, (Street and Number) 185 Reutemann Str.
5. Full Name of Mother Amelia Fiesel
6. Mother's Maiden Name Amelia Wohlfarth
7. Mother's Birthplace Baltimore
8. Full Name of Father George Fiesel
9. Father's Occupation Butcher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes the Return. Mrs. Carroll
- Address 4 Calhoun Str.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1) first*
1. Sex, (state whether male or female).... *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *19th October 1881.*
4. Place of Birth, (Street and Number) *86 Mosher st.*
5. Full Name of Mother, *Josephine Volz*
6. Mother's Maiden Name, *Josephine Hodges*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph St. Volz*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *or other Person who makes this Return.* *Mrs. Schlifer*
- Address, *20 Columbia st.*
- Remarks,

<sup>a</sup> That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 19, 1881
4. Place of Birth, (Street and Number) North St. No. 13
5. Full Name of Mother, Theresa Harms
6. Mother's Maiden Name, Theresa Meuler
7. Mother's Birthplace, Balt. City
8. Full Name of Father, John Harms
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Balt. City

Name of Medical Attendant, Harry E. Haller or other Person who takes this return

Address, 10 Dallas St. No. 26

Remarks,

"That any physician, accoucheur, midwife, or other person is charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 19, 1881*

4. Place of Birth, (Street and Number) *N. Caroline St. No. 60.*

5. Full Name of Mother, *Anna Weithorst*

6. Mother's Maiden Name, *Anna Maipke*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Weithorst*

9. Father's Occupation, *Captain of the Sea*

10. Father's Birthplace, *Norfolk, N. Virginia U. S.*

Name of Medical Attendant, or other Person who makes this return *Mary E. Miller*

Address, *N. Dallas St. No. 26.*

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51205

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 17th 87

4. Place of Birth, (Street and Number)

# 215 Pratt St.

5. Full Name of Mother,

Maggie Post

6. Mother's Maiden Name,

Maggie Zaidman

Baltimore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Emmet. Post

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Weaverdarnstadt

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

# 328 S. Euter St.

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31306

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



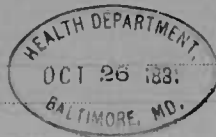
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female* 11  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *October 19th 81*  
 4. Place of Birth, (Street and Number) *# 289 f. Euter St.*  
 5. Full Name of Mother, *Mary Welch*  
 6. Mother's Maiden Name, *" Lee*  
 7. Mother's Birthplace, *Ireland*  
 8. Full Name of Father, *Michael. Welch.*  
 9. Father's Occupation, *Engineer*  
 10. Father's Birthplace, *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return *Mary Krook*  
 Address, *# 318 f. Euter St.*  
 Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51207

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 19<sup>th</sup> 1883*
4. Place of Birth, (Street and Number) *317 North Street Baltimore*
5. Full Name of Mother, *Elizabeth Donahue Butler*
6. Mother's Maiden Name, *Elizabeth Donahue*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Butler*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary A. Linnell*
- Address, *121 S. Washington Street*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



51208

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *~~1st of Father~~*

3. Date of Birth *19th of October 1881*

4. Place of Birth (Street and Number) *26 Hayford Ave*

5. Full Name of Mother *Kate Wooden*

6. Mother's Maiden Name *Kate Genney*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Thomas Lees Wooden*

9. Father's Occupation *Oba-chinist*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Sarah Wooden*

Address *No 120. Greenmount Ave*

Remarks *Well formed healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October 19th 1881*
4. Place of Birth, (Street and Number) *135 South Dallas Street Baltimore City*
5. Full Name of Mother, *Mrs. Susanna Benson*
6. Mother's Maiden Name, *Miss Susanna Jones*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James Alexandria Benson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Long Run, Brundell County*
- Name of Medical Attendant, or other Person who makes this Return. *Leah Walker*
- Address, *15 South Duncan Alley*
- Remarks, *Not any yet*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Oct.

4. Place of Birth, (Street and Number) 24 Barnes

5. Full Name of Mother, Franciska Sclenka

6. Mother's Maiden Name, Cibulka

7. Mother's Birthplace, Basov Bohemia

8. Full Name of Father, Conch Sclenka

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Piscenic Bohemia

Name of Medical Attendant, or other Person who makes this Return Joseph Hensel

Address, 24 Barnes

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

A 4 Sewing

1. Sex, (state whether male or female) ..

male.

2. Race or Color, (if not of the white race) ..

~~white~~ white.

3. Date of Birth, ..

October 4. 19. 1881.

4. Place of Birth, (Street and Number) ..

Hambury St. 237. Baltimore.

5. Full Name of Mother, ..

Catherina Hesse.

6. Mother's Maiden Name, ..

Catherina Traub.

7. Mother's Birthplace, ..

Schlüchter in Germany.

8. Full Name of Father, ..

Henry Hesse.

9. Father's Occupation, ..

Cabinet-maker.

10. Father's Birthplace, ..

Hofgeismar, Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Blanch.

Address, ..

Corner Leadenhall and Montgomery A.

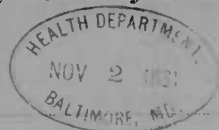
Remarks, ..

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51212

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 October
4. Place of Birth, (Street and Number) 55 Concord street
5. Full Name of Mother, Maggie Dietz
6. Mother's Maiden Name, " Redhouse
7. Mother's Birthplace, Joh Dietz Baltimore
8. Full Name of Father, Joh Dietz
9. Father's Occupation, Mechanic
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rosa Miller  
48 7th Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51213

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct 19th 1881*  
 4. Place of Birth (Street and Number) *120 E. Pratt St*  
 5. Full Name of Mother *Kate Schlegel*  
 6. Mother's Maiden Name *" Liembach*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Arthur Schlegel*  
 9. Father's Occupation *Stoves, Gas Fitting, Plumbing &c*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Asa E. Gibbons M.D.*  
 Address *47 Edmondson ave*  
 Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Child boy 11 lbs 12 oz L.O.D.A. - Old mpton  
740 pounds - Labor lasted only 7 hrs. Easy normal



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51215

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

OCT 20/81

4. Place of Birth (Street and Number)

No 224 N Calvert St

5. Full Name of Mother

Annie Belle Hensley

6. Mother's Maiden Name

" " Thomas

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Tilton Hensley

9. Father's Occupation

Merchant

10. Father's Birthplace

Queen Anne's Co Md

Name of Medical Attendant, or other Person who makes this Return.

Dr J A Farrell M.D.  
87 Franklin St

Address

Remarks

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Thomas J. Cullimore* 6th.  
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*Oct. 20, 1881.*

4. Place of Birth, (Street and Number)

*N. W. Lexington and Park St.*

5. Full Name of Mother,

*Emily E. Cullimore*

6. Mother's Maiden Name,

*Ward*

7. Mother's Birthplace,

*Ind.*

8. Full Name of Father,

*Wm. H. Cullimore*

9. Father's Occupation,

*Bookbinder*

10. Father's Birthplace,

*Ohio*

Name of Medical Attendant, or other Person who makes this Return

*Dr. Morgan*

Address,

*119 W. Monument St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 1/2 children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 20 of 1886*
4. Place of Birth, (Street and Number) *1275 Millham St*
5. Full Name of Mother, *Marie Ruck*
6. Mother's Maiden Name, *Mary Ruck*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Charles Ruck*
9. Father's Occupation, *Laber*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, oct 20
4. Place of Birth, (Street and Number) 1 short ally
5. Full Name of Mother, alice chaney
6. Mother's Maiden Name, alice mathews
7. Mother's Birthplace, hoyard co md
8. Full Name of Father, salust chaney
9. Father's Occupation, Salor
10. Father's Birthplace, hoyard co md
- Name of Medical Attendant, or other Person who makes this return Mrs leas Johnson
- Address, Delicate Child
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.0<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 20<sup>th</sup> 87*
4. Place of Birth, (Street and Number) *# 307 Charles St.*
5. Full Name of Mother, *Madeline Gmudach*
6. Mother's Maiden Name, *" Nontz*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Fred. Gmudach*
9. Father's Occupation, *Glass blower*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Mary Broh*
- Address, *# 328 E. Euter St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct. 20th*  
 4. Place of Birth, (Street and Number) *No. 2. Edgar*  
 5. Full Name of Mother, *Ella L. McGurley*  
 6. Mother's Maiden Name, *Ella J. Fales*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Malace McGurley*  
 9. Father's Occupation, *Grocer*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *F. Jenkins*  
 Address, *No. 2 Cathedral St.*  
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 5<sup>th</sup>

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ..... Oct. 20<sup>th</sup> 1881

4. Place of Birth, (Street and Number) ..... Baltimore Md. Henry St. 130

5. Full Name of Mother, ..... Mary. Whelan

6. Mother's Maiden Name, ..... French

7. Mother's Birthplace, ..... Baltimore

8. Full Name of Father, ..... Andrew. Whelan

9. Father's Occupation, ..... Laborer

10. Father's Birthplace, ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return ..... Mrs. C. Mitchell

Address, ..... 18<sup>th</sup> 38 Parkin St.

Remarks, ..... Twins



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

White Skin

3. Date of Birth,

Oct 2nd 1881

4. Place of Birth, (Street and Number)

Chestnut St

5. Full Name of Mother,

Lucy Rankin

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

David Rankin

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return

Wm. J. Rankin, M.D.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20<sup>th</sup> October, 1881*
4. Place of Birth, (Street and Number) *Garthe St Baltimore*
5. Full Name of Mother, *Laura Hairy Gainer*
6. Mother's Maiden Name, *Laura Hairy*
7. Mother's Birthplace, *Cherica County*
8. Full Name of Father, *Edward Gainer*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Marlinsbury Va.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

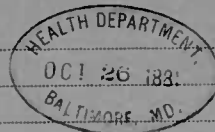
*Mrs Mary Ann Heywood.*  
*396 E. Orleans St*  
*City.*

and any physician, second arr. midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51225

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



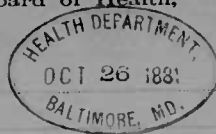
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 20.*
4. Place of Birth, (Street and Number) *No. 14 Essex St*
5. Full Name of Mother, *Catherine Weber*
6. Mother's Maiden Name, *Catherine Weising*
7. Mother's Birthplace, *Freemans Harbor, Germany*
8. Full Name of Father, *Joseph Weber*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Strassburg, Hennigsdorf, Wittenburg.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Wiley*
- Address, *No 12 East St. 12*
- Remarks,

a That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51226

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

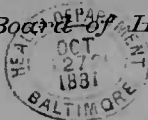


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *October 20th*
4. Place of Birth, (Street and Number) *Hill street 32*
5. Full Name of Mother, *Ellen Smith*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ed Ward Smith*
9. Father's Occupation, *drayman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Angeline Wilson*
- Address, *Warmur St 194*
- Remarks,

That any Physician, accoucheur, midwife, or other person in attendance upon a woman about to be delivered, or who has just delivered, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *Oct. 20<sup>th</sup> 1891*  
4. Place of Birth, (Street and Number) *Purham street No 22 South*  
5. Full Name of Mother, *Elizabeth Griffin*  
6. Mother's Maiden Name, *Moore*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Thomas Griffin*  
9. Father's Occupation, *Labourer*  
10. Father's Birthplace, *Oxford*  
Name of Medical Attendant, or other Person who make this Return, *Susan Morgan No 47 Linden St.*  
Address, *No 47 North Purham Street*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 1*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 20/81*  
 4. Place of Birth (Street and Number) *619 W. Fayette St*  
 5. Full Name of Mother *Sarah Hirschberg*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *City of Baltimore*  
 8. Full Name of Father *Moses Hirschberg*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *City of Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Bronson*  
 Address *145 W. Fayette St*  
 Remarks *Child well developed and healthy*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 20<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Russell St.*
5. Full Name of Mother, *Amelia Smindell*
6. Mother's Maiden Name, *" " Hoffenbengen*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Richard Smindell*
9. Father's Occupation, *Glass Worker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Wm. Hargr. A. Richmond*
- Address. *183 - 2<sup>nd</sup>*
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2<sup>nd</sup> of October

4. Place of Birth, (Street and Number)

S. W. corner Monument & Caroline

5. Full Name of Mother,

Virginia Lusby

6. Mother's Maiden Name,

Cunningham

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

William H. Lusby

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. C. Hurley

Address,

45 N. Central Av.

Remarks,

R. C. A. J.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct.
4. Place of Birth, (Street and Number) 24 Biddle St.
5. Full Name of Mother, Anna Biel
6. Mother's Maiden Name, Britt
7. Mother's Birthplace, Balte
8. Full Name of Father, Charles Biel
9. Father's Occupation, Financier
10. Father's Birthplace, Balte
- Name of Medical Attendant, or other Person who makes this Return Josephine Kerner
- Address 20 Barnes St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 Oct.*
4. Place of Birth, (Street and Number) *28 Parkin St*
5. Full Name of Mother, *Luna Perina*
6. Mother's Maiden Name, *Deane*
7. Mother's Birthplace, *Radegken Bohemia*
8. Full Name of Father, *John Perina*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Radegken Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Josephina Kaurer*
- Address *Ed. Bremer St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, with whom a child is born, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51233

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

first  
female  
white

October Twentieth 20<sup>th</sup>

262 Abnlberry St

Sophia Haeslopp former Sophia Shindhelm

Sophia Shindhelm

Baltimore

Holoph Haeslopp

Barber 35 n Greene St

Kingdom Hannover

Mrs Sommerfeld

none

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

512314

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White  
Oct 20 1881  
477 St. Fayette St  
Vashti Hubbard  
Vashti Grace  
Md  
Eugene Hubbard  
Jeweller  
Md  
G.B. Nott, M.D.  
50. Warren St

and any physician, dentist, or other person who makes this return, shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51235

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Charles

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20

Oct

1881

4. Place of Birth, (Street and Number)

124

Frederick St.

5. Full Name of Mother,

Maggie Thern

6. Mother's Maiden Name,

Maggie Bergman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Thern

9. Father's Occupation,

Laber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Magarone

Address,

Russell St. 1000

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Oct 20th 1881  
91 Linden Ave  
Gertrude J. ...  
Gertrude J. ...  
Daytonville N.C.  
William J. ...  
Painter  
12 ...  
10 19th ... 4th down ...

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct 20<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No 53 Bunker St*
5. Full Name of Mother, *Theresa Schmidt*
6. Mother's Maiden Name, *Dress*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Edward Schmidt*
9. Father's Occupation, *Grader*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who make this Return *Mr Elizabeth B. B. B.*
- Address *20 Bunker St*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
1. Sex (state whether Male or Female) Girl.  
2. Race or Color (if not of the white race) White.  
3. Date of Birth Thursday 24th. 1881.  
4. Place of Birth (Street and Number) 425 E. Beadel St.  
5. Full Name of Mother... Sarah Oswald.  
6. Mother's Maiden Name Sallie Shammally  
7. Mother's Birthplace Baltimore, Md.  
8. Full Name of Father James Oswald,  
9. Father's Occupation Oyster Packer  
10. Father's Birthplace Baltimore, Md.  
Name of Medical Attendant, or other Person who makes this Return. Wilmer Brintow, M.D.  
Address 25 1/2 Government Ave.,  
Remarks V. v. ty. Presentations.

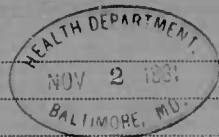


advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51239

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 20/81*
4. Place of Birth, (Street and Number) *145 Druid Hill ave*
5. Full Name of Mother, *Andria Harvey*
6. Mother's Maiden Name, *Andria Harman*
7. Mother's Birthplace, *MD*
8. Full Name of Father, *William A Harvey*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *MD*
- Name of Medical Attendant, or other Person who makes this Return *J. Miller M.D.*
- Address, *89 Myram St.*
- Remarks,

I am a physician, apothecary, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51240

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 21st 1881*
4. Place of Birth, (Street and Number) *18 Madison St. Baltimore D. Bowell*
5. Full Name of Mother, *Catherine B. Bowell*
6. Mother's Maiden Name, *Ball*
7. Mother's Birthplace, *William Bowell*
8. Full Name of Father, *Blue Officer*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Mrs. M. G. C. Hall*
- Name of Medical Attendant, or other Person who makes this Return. *116 William St.*
- Address,
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 20/81*
4. Place of Birth, (Street and Number) *#27 S. Castle St.*
5. Full Name of Mother, *Katharine Cort*
6. Mother's Maiden Name, *Lewis*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Cort*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Kraft*
- Address, *#236 Canton Ave*
- Remarks,

that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51243

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

John  
11 Oct 20/11  
550 N. Lombard  
Tilly Harmon  
Cousing  
Baltimore  
Austin A Harmon  
Watchman Bickel  
Ann Loring & Co. Inc

Names of Medical Attendant, or other Person who makes this return.

Address,

Remarks

A. L. Harmon  
317 N. Lombard

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1st

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

3. Date of Birth,

Oct 20

4. Place of Birth, (Street and Number)

McCulloch St of Wilson

5. Full Name of Mother,

May Magruder

6. Mother's Maiden Name,

Keech

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Ed. B. Magruder

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wilson

Address,

257 Mad. Ave.

Remarks,

For cep

Take any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct. 21, 1881*
4. Place of Birth, (Street and Number) *39 Hamburg St. Balt. Md.*
5. Full Name of Mother, *Mary E. Burns*
6. Mother's Maiden Name, *Mary J. Thomas*
7. Mother's Birthplace, *Dorchester Co.*
8. Full Name of Father, *Thomas A. Burns*
9. Father's Occupation, *Miner*
10. Father's Birthplace, *Dorchester Co.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Nash*
- Address, *167 Johnson St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51245

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> Child

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

October 21, 1881

4. Place of Birth, (Street and Number) ...

Bank St. No. 35

5. Full Name of Mother, ...

Mary Curley

6. Mother's Maiden Name, ...

Mary Frickberger

7. Mother's Birthplace, ...

Walden, Conn.

8. Full Name of Father, ...

John Curley

9. Father's Occupation, ...

Laborer

10. Father's Birthplace, ...

Brooklyn N. York, U. S.

Name of Medical Attendant, or other Person who makes the return

Mary E. Miller

Address, ...

26

Remarks, ...



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *oct 21*
4. Place of Birth, (Street and Number) *46 East st*
5. Full Name of Mother, *fannie philips*
6. Mother's Maiden Name, *fannie madden*
7. Mother's Birthplace, *federicksburg va*
8. Full Name of Father, *william philips*
9. Father's Occupation, *waiter*
10. Father's Birthplace, *federicksburg va*
- Name of Medical Attendant, or other Person who makes this Return *mrs lea johnson*
- Address *no 18 start st*
- Remarks *healthy child*



Form No. 1 of the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1
1. Sex, (state whether male or female) ... male
2. Race or Color, (if not of the white race) ... colored
3. Date of Birth, ... oct 21
4. Place of Birth, (Street and Number) ... 92 East st
5. Full Name of Mother, ... Ida Green not married
6. Mother's Maiden Name, ...
7. Mother's Birthplace, ... Baltimore md
8. Full Name of Father, ...
9. Father's Occupation, ...
10. Father's Birthplace, ...
- Name of Medical Attendant, or other Person who makes this Return ... Mrs. Lora Johnson
- Address ... no 18 short st
- Remarks ... delicate child

THE City Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, oct 21

4. Place of Birth, (Street and Number) 207 mc donough st

5. Full Name of Mother, mary hall

6. Mother's Maiden Name, mary price

7. Mother's Birthplace, annerdale co md

8. Full Name of Father, john hall

9. Father's Occupation, laborer

10. Father's Birthplace, annerdale co md

Name of Medical Attendant, or other Person who makes this Return mrs. lea johnson

Address, 1018 Hart St

Remarks, healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51949

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 21<sup>st</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Woodarch St. No. 22

5. Full Name of Mother, Elysebeth Vayler

6. Mother's Maiden Name, Love

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Vayler

9. Father's Occupation, Sealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return Mrs. G. Mitchell

Address No. 38 Parkin St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, first day of 1881 at 3. 21 at 10. 11

4. Place of Birth, (Street and Number) 403 Stockton st

5. Full Name of Mother, Harriet Parker

6. Mother's Maiden Name, Harriet Carr

7. Mother's Birthplace, Lager town

8. Full Name of Father, George Carr

9. Father's Occupation, labor

10. Father's Birthplace, Camp 101 / 2nd City front mill

Name of Medical Attendant, or other Person who makes this Return.

Address,

Calton st c/o 10

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Oct 21 1887*
4. Place of Birth (Street and Number) *St Robert St*
5. Full Name of Mother *Summitia Stord*
6. Mother's Maiden Name *Henrietta Crenney*
7. Mother's Birthplace *Ayraston Shore Ind*
8. Full Name of Father *Waters Henry Virginia*
9. Father's Occupation *cooker in a Restaurant*
10. Father's Birthplace *Porten Stord*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte M. Ann*
- Address *258 or aboy St*
- Remarks *220312*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51252

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)  
Male

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Oct 21st 1881  
178 Hartford Ave  
Laura W. Winslow  
" " Child  
Baltimore Md  
George H. Winslow  
Builder  
Baltimore Md  
Virginia F. Winslow  
136 Hartford Ave

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d 3d*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *october the 21*
4. Place of Birth (Street and Number) *willmores ally no 16*
5. Full Name of Mother *francis la*
6. Mother's Maiden Name *francis jackson*
7. Mother's Birthplace *calons will*
8. Full Name of Father *al adm la*
9. Father's Occupation *drayman*
10. Father's Birthplace *baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *mrs Sarah Smithers*
- Address *little george street ally*
- Remarks *no 25*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51354

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21 1881

4. Place of Birth, (Street and Number)

1228 Lehigh St

5. Full Name of Mother,

Clara Grist

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Grist

9. Father's Occupation,

Printer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Dr. C. J. Smith  
L. J. Grist, M.D.

Address,

330 Howard St

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother and child*
1. Sex, (state whether male or female) *the child is a Boy*
2. Race or Color, (if not of the white race) *colord*
3. Date of Birth, *October 21*
4. Place of Birth, (Street and Number) *137 N Dallas*
5. Full Name of Mother, *Marther Mason*
6. Mother's Maiden Name, *Mathes Anderson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph Mason*
9. Father's Occupation, *a White Worker*
10. Father's Birthplace, *Esten Shore Va*
- Name of Medical Attendant, or other Person who make this Return *Sam Dunder*
- Address, *122 N Dallas street*
- Remarks, *all is well*

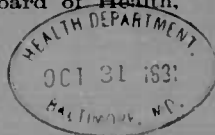


advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51256

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ..

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

21st

Baltimore

Bridget Doud

Murphy

Ireland

Michael Doud

Laborer

Ireland

Mrs. Dympler

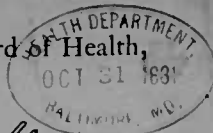
16. N. Schroeder St.

Mother and child in health at present

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 head of children*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *collar*
3. Date of Birth *21*
4. Place of Birth (Street and Number) *horn St 2A*
5. Full Name of Mother *Anney Johnson*
6. Mother's Maiden Name *Anney Gray*
7. Mother's Birthplace
8. Full Name of Father *Chaley Johnson*
9. Father's Occupation *rag merchant*
10. Father's Birthplace *Wharshenton*
- Name of Medical Attendant, or other Person who makes this return
- Address *Liverbury Foot*
- Remarks *A 15 horn St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth October 21, 1881
4. Place of Birth (Street and Number) 259 South Bond St
5. Full Name of Mother Eliza Quirk
6. Mother's Maiden Name Eliza Dixon
7. Mother's Birthplace England
8. Full Name of Father William Edward Quirk
9. Father's Occupation Labour
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lucretia Smith
- Address Child name William Edward Quirk
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

29

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 21, 1881

4. Place of Birth (Street and Number)

34 Liberty

5. Full Name of Mother

Julia Kappeler

6. Mother's Maiden Name

Julia Giesbrecht

7. Mother's Birthplace

City -

8. Full Name of Father

Jacob Kappeler

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. A. Caldwell

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
1. Sex (state whether Male or Female) boy  
2. Race or Color (if not of the white race) White  
3. Date of Birth Friday Oct. 21st. 1881.  
4. Place of Birth (Street and Number) Hagar Court near Enoch St.  
5. Full Name of Mother Maggie J. Harrison.  
6. Mother's Maiden Name Maggie J. Savage.  
7. Mother's Birthplace Balto.  
8. Full Name of Father Wm. H. Harrison.  
9. Father's Occupation Machinist.  
10. Father's Birthplace Balto. Md.  
Name of Medical Attendant, or other Person who makes this Return. Wilmer Dintow, M.D.  
Address 25 1/2 Greenmount Ave.  
Remarks Ventr. Presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21<sup>st</sup> of October, 1881.*
4. Place of Birth (Street and Number) *877 W. Pratt street*
5. Full Name of Mother *Jane Sophia Little*
6. Mother's Maiden Name *Jane Sophia Heller*
7. Mother's Birthplace *Frederick City, Md.*
8. Full Name of Father *Ephraim Hagarway Little*
9. Father's Occupation *Printer*
10. Father's Birthplace *Gettysburg, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Wilson*
- Address *No. 136 W. Gay St. Baltimore Md.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 21, 1881*

4. Place of Birth, (Street and Number) *570 W. Fayette St.*

5. Full Name of Mother, *Feresa Caroline ~~B. B. B.~~*

6. Mother's Maiden Name, *Tschudy*

7. Mother's Birthplace, *Berlin*

8. Full Name of Father, *Charles Preckw*

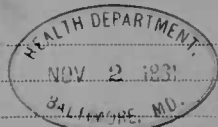
9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Marbury Brewer M.D.*

Address, *65 W. Carey St.*

Remarks,



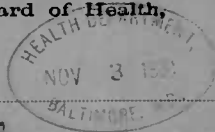


That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51263

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 21<sup>st</sup> 1881

4. Place of Birth, (Street and Number)

221 N. Calhoun St

5. Full Name of Mother,

Emma Travers

6. Mother's Maiden Name,

Emma Green

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leziah G. Travers

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Milburn

Address,

121 N. Calhoun St

Remarks,

That any physician, accoucheteur, midwife, or other person in charge, who shall have notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51264

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female)...  
2. Race or Color, (if not of the white race)  
3. Date of Birth,.....  
4. Place of Birth, (Street and Number)  
5. Full Name of Mother,  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

1st.

Female

White

Oct. 21st.

80 S. Chester

Martha Ann Armstrong  
Kirby

City

John Spence Armstrong  
Saddle & Harness Maker

City

E. P. Evans M.D.

37 S. E. Balto. C.T.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51265

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 21st 1891*
4. Place of Birth (Street and Number) *123 Elliott St*
5. Full Name of Mother *Laura Tipple*
6. Mother's Maiden Name *Carley*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *George Tipple*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *D. Williams M.D.*
- Address *Poplar Hill*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51266

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 21/87

4. Place of Birth, (Street and Number)

195 Scott St

5. Full Name of Mother,

Mary E Hartlove

6. Mother's Maiden Name,

W. Luthers

7. Mother's Birthplace,

Dorchester Co

8. Full Name of Father,

Wm Hartlove

9. Father's Occupation,

City

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether ~~1st~~ 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21<sup>st</sup> 1881
4. Place of Birth (Street and Number) 258 N. Eutan St
5. Full Name of Mother Anna H Burns
6. Mother's Maiden Name " Sachle
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Burns
9. Father's Occupation Huckster
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr J. A. Stewart
- Address 73 Park Ave
- Remarks did not arrive until after birth of child.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51268

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

Oct 21  
Charles S. C. Extended  
May Hall  
Dade  
Montgomery Co.  
Wm D Hall  
Merchant  
Balt

4. Place of Birth, (Street and Number) .....

5. Full Name of Mother, .....

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

8. Full Name of Father, .....

9. Father's Occupation, .....

10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who  
makes this Return. .....

Address, .....

Remarks, .....

W. H. Wilson  
257 - Mad. Ave.

Under any circumstances, including the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51269

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *6 Oct 22 1881*
4. Place of Birth, (Street and Number) *225 Durham*
5. Full Name of Mother, *Ellie Jane Wilson*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, *Lucinda Wolford*  
or other Person who makes this return.
- Address, *135 N Register*
- Remarks, *N Remarks*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar a foreward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51270

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

October the 24. 1881

4. Place of Birth, (Street and Number)

Chesnut St. No 174,

5. Full Name of Mother,

Christine Schneider

6. Mother's Maiden Name,

Christine Keimmetz

7. Mother's Birthplace,

Hartburg, N. Rhenish, Germany

8. Full Name of Father,

Maximilian Schneider

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Dresden, N. Saxony, Germany

Name of Medical Attendant,

or other Person who makes this Return

Ray E. Haller

Address,

211 S. 1st St.

Remarks,



That any physician, accoucheur, midwife or other person to whom the mother of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Oct. 22<sup>nd</sup> 1881*  
4. Place of Birth, (Street and Number) *No. 3 N. Holliday St*  
5. Full Name of Mother, *Rachel Barron*  
6. Mother's Maiden Name, *Rachel Schwartz*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Bernard Barron*  
9. Father's Occupation, *Cigar Manufacturer*  
10. Father's Birthplace, *Prussia*  
Name of Medical Attendant, or other Person who makes this Return, *St. Ignace*  
Address, *No. 2 Cathedral St.*  
Remarks, *Child still-born*

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51272

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3<sup>rd</sup>

1. Sex, (state whether male or female) ..... Male

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ..... Oct. 22<sup>nd</sup> 1881

4. Place of Birth, (Street and Number) ..... Baltimore Pratt. St. N.E. 36

5. Full Name of Mother, ..... Kate M. E. Corville

6. Mother's Maiden Name, ..... M. E. Glennon

7. Mother's Birthplace, ..... Ireland

8. Full Name of Father, ..... Charles M. E. Corville

9. Father's Occupation, ..... Carpenter

10. Father's Birthplace, ..... Ireland

Name of Medical Attendant, or other Person who makes this Return ..... Mrs. C. Mitchell

Address ..... N.E. 38 Parkers St.

Remarks, .....

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51273

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



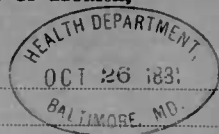
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 22<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore Parkin St. No. 79*
5. Full Name of Mother, *Elizabeth Yeager*
6. Mother's Maiden Name, *Borman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charley Yeager*
9. Father's Occupation, *Bar. keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Mitchell*
- Address. *No. 58 Parkin St.*
- Remarks.

any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

512711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



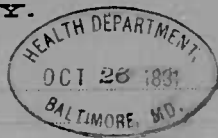
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27, 9 October*
4. Place of Birth, (Street and Number) *101 G. Lexington at South Street*
5. Full Name of Mother, *Mrs. Mary Miller*
6. Mother's Maiden Name, *Mrs. Mary Pickens*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Rev. Charles Miller*
9. Father's Occupation, *Cleric*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Mrs. Wiley*  
or other Person who makes this Return
- Address, *Mrs. Butler*
- Remarks,

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51275

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 22. 1891*
4. Place of Birth, (Street and Number) *No. 26 Madison Street*
5. Full Name of Mother, *F. E. Gregory*
6. Mother's Maiden Name, *Redinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *G. Gregory*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. C. Schmitt*

Address,

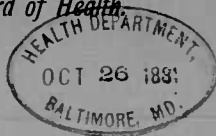
*No. 123 Penn. Avenue*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

22<sup>nd</sup> October

4. Place of Birth (Street and Number)

24 Washington ave

5. Full Name of Mother

Richy Reinig

6. Mother's Maiden Name

Richy Ganyer

7. Mother's Birthplace

Germany

8. Full Name of Father

John M. Reinig

9. Father's Occupation

Black Smith

10. Father's Birthplace

Germany

Name of Medical Attendant,

or other Person who  
makes this Return.

Mary Manning

Address

No 60 Parson St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

519.77

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 22<sup>d</sup> 1881*
4. Place of Birth, (Street and Number) *293 Hanover St.*
5. Full Name of Mother, *Mary Margaret Volz*
6. Mother's Maiden Name, *" " Plessner*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Harman Edgar Volz*
9. Father's Occupation, *Veterinary Surgeon*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Gushee M.D.*
- Address, *170 B. Sharp St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51278

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct. 22<sup>nd</sup> 1921*
4. Place of Birth, (Street and Number) *198 Fremont - St.*
5. Full Name of Mother, *Margt. Cooper*
6. Mother's Maiden Name, *Fickner*
7. Mother's Birthplace, *Balti. City -*
8. Full Name of Father, *Wm. Fickner*
9. Father's Occupation, *Cabinet-maker*
10. Father's Birthplace, *Balti. City -*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Margt. & Reichman*
- Address. *185 - L. & E. St.*
- Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex, (state whether male or female) *Colored female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct. 22<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *No. 2. Little Broadway, Baltimore, city*
5. Full Name of Mother, *Mrs. Matildia Hinson*
6. Mother's Maiden Name, *Miss Matildia Hcoat*
7. Mother's Birthplace, *Harford county*
8. Full Name of Father, *Hinson*
9. Father's Occupation,
10. Father's Birthplace, *Harford county*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. Walker*
- Address, *15 South Tincan*
- Remarks,

51251

**BALTIMORE CITY.**

1861

- Oct 22 ad 81  
To 290 Cross st  
C. Lewis Baker  
Perkins  
L. Smith  
Joseph Baker  
Bricklayer  
Smith

of. *Leucosar midwife*  
330 *Baroness St.*

*Address,*

Remarks.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51251

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 2nd 1881

4. Place of Birth, (Street and Number) No 117 S. Carroll St.

5. Full Name of Mother, Caroline Neuman

6. Mother's Maiden Name, Kaufmann

7. Mother's Birthplace, Baden Germany

8. Full Name of Father, Louis Neuman

9. Father's Occupation, Grocer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. W. H. H. H. H. H.

Address,

No 105 W. Lombard St.

Remarks,

Baltimore Md.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51282

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, OCT 22 1884

4. Place of Birth, (Street and Number) 73. Harlem Ave

5. Full Name of Mother, Arnetta Wilson  
Memmahon

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Thomas P. Wilson

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo W. Lester MD  
#1 Waverly Terrace

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *OCT 22 1881.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address, ...

Remarks,

*271 Wilmor St*  
*Caril Carrigan*  
*Mrs Berry*  
*James Carrigan*  
*Plumber*  
*Md*

*Geo H. Lupton M.D.*  
*#1 Waverly Terrace*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of Apr.
4. Place of Birth, (Street and Number) Gist Street No 192 (Baltimore)
5. Full Name of Mother, Elise Polhaus
6. Mother's Maiden Name, = ter Veer.
7. Mother's Birthplace, Aschendorf (Germanies)
8. Full Name of Father, Hermann Polhaus
9. Father's Occupation, Bäcker
10. Father's Birthplace, Burg an der Muppe (Lutra)
- Name of Medical Attendant, or other Person who makes this return, J. Lehnken Midwife
- Address, 20 Gist Street
- Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51285

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 22d,*
4. Place of Birth, (Street and Number) *#152 S Bond St*
5. Full Name of Mother, *Emma Molach*
6. Mother's Maiden Name, *Pittroff*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Molach*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *or other person who makes this return*  
*Mrs. Louise Kraft*
- Address, *#231 Canton Ave*
- Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51286

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>  
Female

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

Oct 22/81

4. Place of Birth, (Street and Number) ...

#54 Exxig

5. Full Name of Mother, ...

Mary Rossel

6. Mother's Maiden Name, ...

Abendorfer

7. Mother's Birthplace, ...

Germany

8. Full Name of Father, ...

Carl Rossel

9. Father's Occupation, ...

Labour

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs Louise Kraft

Address, ...

236 Canton Ave

Remarks, ...



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Oct 22 1881  
4. Place of Birth, (Street and Number) No 39 High St  
5. Full Name of Mother Est. Loudenslage  
6. Mother's Maiden Name Est. Vogelstein  
7. Mother's Birthplace Balto  
8. Full Name of Father Adam Loudenslage  
9. Father's Occupation Laborer  
10. Father's Birthplace Balto  
Name of Medical Attendant, or other person who makes this Return. Lena Hilligist  
Address 182 E. No. Bennett St  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57288

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct - 22<sup>nd</sup> 1881
4. Place of Birth, (Street and Number) No 2.8.3 E. Bager St
5. Full Name of Mother Daphnia E. Busch
6. Mother's Maiden Name Daphnia Kitchenstein
7. Mother's Birthplace Balt
8. Full Name of Father S. H. Busch
9. Father's Occupation Barber
10. Father's Birthplace York Pa
- Name of Medical Attendant, or other Person who makes this Return. Charles H. Thiggin
- Address 182 E Monument
- Remarks

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51289

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>

1. Sex (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

Oct 22<sup>d</sup> 1881

1022 1/2 Chestnut St

Jennie Slacy

Annice Slacy

Balto

Jam Slacy

Shoe maker

Balto

Anna Thallagast

186 E. Madison St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

- |   |                          |
|---|--------------------------|
| 1. Sex (state whether male or female)                             | White Male.              |
| 2. Race or Color (if not of the white race)                       | White                    |
| 3. Date of Birth  | 22 <sup>nd</sup> of Oct. |
| 4. Place of Birth (Street and Number)                             | No. 59 Henrietta St.     |
| 5. Full Name of Mother  | Carroll C. Robison       |
| 6. Mother's Maiden Name   | Berriens                 |
| 7. Mother's Birthplace  | New York.                |
| 8. Full Name of Father  | Richard J. Robison       |
| 9. Father's Occupation  | Printer                  |
| 10. Father's Birthplace   | North East.              |
| Name of Medical Attendant, or other Person who makes this Return. | Wm. R. Gasky.            |
| Address   | 134 Fultonburg St.       |
| Remarks   | Living with              |

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

51291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 23 1891

4. Place of Birth, (Street and Number) 33 Lexington St

5. Full Name of Mother Margaret Murphy

6. Mother's Maiden Name Mariah Quinn

7. Mother's Birthplace Ireland

8. Full Name of Father Edward Murphy

9. Father's Occupation laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Connor, M.D.

Address Collington Avenue

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31292

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 October 1881

4. Place of Birth, (Street and Number)

S. Duncan Alley

5. Full Name of Mother,

Harriet Brown

6. Mother's Maiden Name,

Doane

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Brown

9. Father's Occupation,

laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. E. Leake, M.D.

Address,

1015 S. Duncan Alley

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51993

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 25 ed 81

4. Place of Birth, (Street and Number)

10 237 Charles st

5. Full Name of Mother,

Emilie Jackse

6. Mother's Maiden Name,

Reinhardt

7. Mother's Birthplace,

America

8. Full Name of Father,

Arthur Jackse

9. Father's Occupation,

Lithographer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife  
330 Thacker st.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31294

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
  1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *Colored*
  3. Date of Birth, *23<sup>d</sup> Oct. 1881*
  4. Place of Birth, (Street and Number) *83. N. Bushman St*
  5. Full Name of Mother, *Mary J. Butler*
  6. Mother's Maiden Name, *Mary J. Butler*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *Wm. Scott*
  9. Father's Occupation, *" "*
  10. Father's Birthplace, *" "*
- Name of Medical Attendant, *Dr. Leah McKen*  
or other Person who makes this Return.
- Address, *10. 10. N. Enoch St*
- Remarks,



"At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *One*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 23 1881*
4. Place of Birth, (Street and Number) *146 S. Caroline St.*
5. Full Name of Mother, *Elizabeth Menger*
6. Mother's Maiden Name, *Elizabeth Potthast*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William Menger*
9. Father's Occupation, *Brown Maker*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Harry Walter*
- Address, *125 S. Caroline St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51296

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *23<sup>rd</sup> Oct 1881*
4. Place of Birth (Street and Number) *6 Harford Ave.*
5. Full Name of Mother *Mary Todd*
6. Mother's Maiden Name *Wyatt*
7. Mother's Birthplace *Eastern Shore Md.*
8. Full Name of Father *Edward Todd*
9. Father's Occupation *Watchman*
10. Father's Birthplace *Eastern Shore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Insol. by*  
*75 Franklin St*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female).

girl  
colored

2. Race or Color, (if not of the white race).

3. Date of Birth,

Oct 23/81

4. Place of Birth, (Street and Number)

297 Raborg st

5. Full Name of Mother,

Mrs Earket

6. Mother's Maiden Name,

7. Mother's Birthplace,

Accomac born  
Albert Earket  
Labour

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Accomac born

Name of Medical Attendant, or other Person who makes this Return.

Mrs Proctor

Address,

No 10 Carlton St

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51298

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Oct 1881
4. Place of Birth, (Street and Number) Canton st. no number
5. Full Name of Mother, Maria Davis
6. Mother's Maiden Name, Maria Healey
7. Mother's Birthplace, Balt City
8. Full Name of Father, John Davis
9. Father's Occupation, Copper Refiner
10. Father's Birthplace, Balt City
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Sullens
- Address, 104 Curley st
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51299

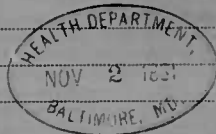
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 23 / 81*
4. Place of Birth, (Street and Number) *169 N. Fremont St.*
5. Full Name of Mother, *Elizabeth E. Miller*
6. Mother's Maiden Name, *Elizabeth E. Ray*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *John A. Miller*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51300

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Kind  
Bub

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who  
makes this return

Address,

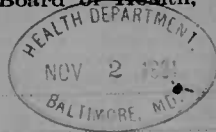
Remarks,

geboren den 23ten October  
N<sup>o</sup> 249. S. Dallas Str  
Marry Lehr  
Marry Terweij  
Er louch.  
Eduard Lehr  
Hewiedor  
Baltimore  
Friederike Kaufmann  
N<sup>o</sup> 197 S. Dallas Str  
Heim.

# RETURN OF A BIRTH

51301

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 23*
4. Place of Birth, (Street and Number) *German St. No. 19*
5. Full Name of Mother, *Friedrich Gunther*
6. Mother's Maiden Name, *Minna*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Paul August Gunther*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, *Miss Minna Schenck*  
or other Person who makes this Return
- Address, *No. 1*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

51302

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *23 Oct 1881*
4. Place of Birth, (Street and Number) *88 Olean St.*
5. Full Name of Mother, *Tina Vial*
6. Mother's Maiden Name, *Young*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John H. Vial*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return, *Mary Stein*
- Address, *151 E Pratt St.*
- Remarks, .....

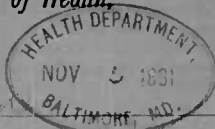


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57303

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



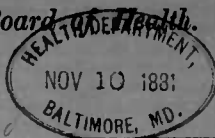
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 23<sup>rd</sup> 1881
4. Place of Birth (Street and Number) 144 N. Carey St
5. Full Name of Mother Emma Lucia Lafferty
6. Mother's Maiden Name Emma Lucia Mullin
7. Mother's Birthplace Maryland
8. Full Name of Father Thomas L. Lafferty
9. Father's Occupation Insurance
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. J. A. Welch, M.D.
- Address 158 Hanover St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

513011

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth one
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) W
3. Date of Birth Oct 24 1881
4. Place of Birth, (Street and Number) 111 Bazaar St
5. Full Name of Mother Mary S. Bennett
6. Mother's Maiden Name Mary Clark
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George H. Bennett
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return. W. H. Patterson M.D.
- Address 23 Brick Lane
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51305

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

Child 23. 1881  
E. Munroe, No 473  
Mary Hecker  
Dressed  
Physician  
Martin Hecker  
Blacksmith  
Baltimore  
Wm. L. B. B. B. B.  
St. Louis No 4

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57306

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, ~~2nd~~ &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

Sept. 23. 1881  
J. H. Heston, Jr. 32  
Catharine Garner  
Weaver  
Barren

Garner  
Barren  
Mrs. J. B. Heston  
J. H. Heston, Jr. 32

Wm. H. Heston

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51307

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



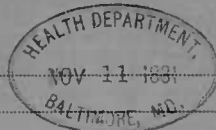
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 22/01*
4. Place of Birth, (Street and Number) *1012 E. Baltimore St. Baltimore*
5. Full Name of Mother, *William*
6. Mother's Maiden Name, *Williams*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *John Williams*
9. Father's Occupation, *Telegraph Operator*
10. Father's Birthplace, *West of Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Williams*
- Address, *1012 E. Baltimore St.*
- Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51308

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7.*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *23<sup>rd</sup> of October*
4. Place of Birth, (Street and Number) *Booth St. no 82*
5. Full Name of Mother, *Agnes Hehle*
6. Mother's Maiden Name, *Agnes Fraible*
7. Mother's Birthplace, *Wurtemberg Binsdorf*
8. Full Name of Father, *Lucian Hehle*
9. Father's Occupation, *Piano Forte maker*
10. Father's Birthplace, *Wurtemberg Binsdorf*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Laebach*
- Address, *Pratt 3<sup>rd</sup> Dearborn Freymont*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51309

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 71d  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth 24th October  
4. Place of Birth (Street and Number) 160 Chapel St.  
5. Full Name of Mother Lusan Murray  
6. Mother's Maiden Name Woodward  
7. Mother's Birthplace St. Marys Co.  
8. Full Name of Father William Murray  
9. Father's Occupation Iron Grain Bags  
10. Father's Birthplace St. Marys Co.  
Name of Medical Attendant, or other Person who makes this Return. City Lockman  
Address 25 First St  
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51310

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY. Oct 26 1881

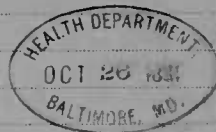
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 55

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24 1881
4. Place of Birth, (Street and Number) 100 Thames St.
5. Full Name of Mother, Henriette Kuneke.
6. Mother's Maiden Name, Henriette Knechtsteden.
7. Mother's Birthplace, Germany
8. Full Name of Father, William Kuneke.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks, CH

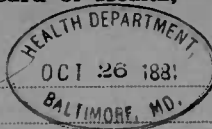




advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF "A BIRTH" 51311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 24, 1881

4. Place of Birth, (Street and Number) 120 N. Page St.

5. Full Name of Mother, Mary W. Frank

6. Mother's Maiden Name, Mary W. Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard F. Frank

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary J. Brown

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



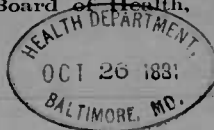
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Corker*
3. Date of Birth, *October 24th*
4. Place of Birth, (Street and Number) *Warner St p2 1002*
5. Full Name of Mother, *Martha Spridle*
6. Mother's Maiden Name, *Woods*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Spridle*
9. Father's Occupation, *single occupation*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Angelina Wilson*
- Address, *Warner St 194*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51313

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *October 24th*

4. Place of Birth, (Street and Number) *Hampden St 200*

5. Full Name of Mother, *Caroline Morris*

6. Mother's Maiden Name, *Ratison*

7. Mother's Birthplace, *Andover, Mass*

8. Full Name of Father, *Joseph Morris*

9. Father's Occupation, *grain merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Angelina Wilson*

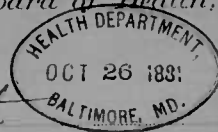
Address, *Warner St 194*

Remarks,

# RETURN OF A BIRTH

51314

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(6) sixth

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)...

white

3. Date of Birth, .....

24th October 1881

4. Place of Birth, (Street and Number) .....

148 German st.

5. Full Name of Mother, .....

Margareth Firschner

6. Mother's Maiden Name, .....

Margareth Grascup

7. Mother's Birthplace, .....

Germany

8. Full Name of Father, .....

Louis Firschner

9. Father's Occupation, .....

Plumber

10. Father's Birthplace, .....

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. P. Schlifer

Address, .....

20 Columbia St.

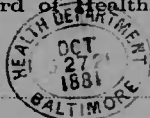
Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge with such duties, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 24<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *53-4 Lombard Street.*
5. Full Name of Mother, *Ada Vaight.*
6. Mother's Maiden Name, *Ada Getzenbauer.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George H. Vaight.*
9. Father's Occupation, *Iron Moulder.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return *Amanda C. Taylor M.D.*
- Address, *97 North Sticker St.*
- Remarks, .....

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 24 October
4. Place of Birth, (Street and Number) 297 Ann Street
5. Full Name of Mother Stanislawa Jankowska
6. Mother's Maiden Name Matecki
7. Mother's Birthplace Wongrowiec Germany
8. Full Name of Father Walenty Matecky
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Marie Guttner
- Address S. Wolfe Street 245.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51317

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,...

21<sup>st</sup> Oct. 1881

4. Place of Birth, (Street and Number)

W. L. Ave. St.

5. Full Name of Mother,

Laura Gilliard

6. Mother's Maiden Name,

Laura Gilliard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Wm. Leak Holden  
10 S. Roman Alley

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Chulatto*
3. Date of Birth, *Oct 24th 1881*
4. Place of Birth, (Street and Number) *Perry st no 41*
5. Full Name of Mother, *Eliza Ann Alice Bellia Corna*
6. Mother's Maiden Name, *Eliza Ann Alice Bellia Redgely*
7. Mother's Birthplace, *Frederic County Md*
8. Full Name of Father, *Isaach Corna*
9. Father's Occupation, *Oyster Shucker + Brick Maker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, *James S. Fulton M.D.*  
or other Person who makes this Return
- Address, *no 134 Pearl st Balt*
- Remarks, \_\_\_\_\_



"That any physician, accouchenr, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th Oct 1881*
4. Place of Birth, (Street and Number) *116 10 McMillan St*
5. Full Name of Mother, *Mary McAtkingley*
6. Mother's Maiden Name, *Mary Ann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James McAtkingley*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return *Joseph P. P. P.*
- Address, *116 10 McMillan St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24* *1881*
4. Place of Birth (Street and Number) *North Bond St 260 Baltimore*
5. Full Name of Mother *Virginia Rosella Percy*
6. Mother's Maiden Name *Virginia Rosella Hubbard*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John H. Percy*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Edwin Green*
- Address *466 North Gay St*
- Remarks

NOTE: ANY PERSON, before making this return, to the Registrar, must be advised at the birth of any child, within the City of Baltimore, shall report to the Registrar, address, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51321

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 October

4. Place of Birth, (Street and Number)

400 Druid Hill ave

5. Full Name of Mother,

Louisa Reidle

6. Mother's Maiden Name,

Louisa Bedgar.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Reidle

9. Father's Occupation,

Shoe fitter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sommerfeld

Address,

28 Penna ave.

Remarks,

Medical any physician, second, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th day of October 1911*
4. Place of Birth, (Street and Number) *412 E. Pratt Street Baltimore*
5. Full Name of Mother, *Mary Jane Thomas*
6. Mother's Maiden Name, *Griffin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. H. Barton Thomas*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *New Haven*
- Name of Medical Attendant, or other Person who make this Return *Mrs. Mary Thomas*
- Address, .....
- Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

24 Oct

1881

4. Place of Birth, (Street and Number)

419 Grace St

5. Full Name of Mother,

Margert Schlaubecher

6. Mother's Maiden Name,

Margert Maeker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Schlaubecher

9. Father's Occupation,

fire proof safe Maeker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Harry Bazerman

Address,

Russell St No. 70

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

513211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Oct. 24, 1881*
4. Place of Birth, (Street and Number) *St. John's St. No. 71*
5. Full Name of Mother, *Theresa Thompson*
6. Mother's Maiden Name, *Barney*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Thompson*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. F. Thompson*
- Address, *St. John's St. No. 71*
- Remarks, *Wm. F. Thompson*

to be filled out by the Registrar, within the City of Baltimore, and to be filed in the Office of the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *October 24<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Baltimore Burgundy Alley*

5. Full Name of Mother, *Mary Taylor*

6. Mother's Maiden Name, *Mary Eaton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Taylor*

9. Father's Occupation, *Book binder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. M. Shaffer*

Address, *114 S. Ridgely Street*

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or of or person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 13th child*
1. Sex, (state whether male or female) *Female child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *16th York St Baltimore*
4. Place of Birth, (Street and Number) *Oct 24 1881*
5. Full Name of Mother, *Harriet J. Madder*
6. Mother's Maiden Name, *Harriet J. Bailey*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Robert H. Madder*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, *Will* or other Person who makes this Return.
- Address, *No 181 York St Baltimore*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



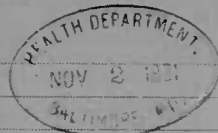
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Monday, October 24<sup>th</sup>. 1881.*
4. Place of Birth (Street and Number) *12 Forrest Place,*
5. Full Name of Mother *Kate Keman.*
6. Mother's Maiden Name *Kate Fitzgerald.*
7. Mother's Birthplace *Oregon, Balto. Co. Md.*
8. Full Name of Father *Philip E. Keman,*
9. Father's Occupation *R. R. Employee.*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinton, M.D.*
- Address *25 1/2 Greenmount Ave.*
- Remarks *Only Presentation.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51328

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *seventh*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 24th - 1881*

4. Place of Birth (Street and Number) *Sancti Spiritus & Holliday*

5. Full Name of Mother *Mary*

6. Mother's Maiden Name *Wilmers*

7. Mother's Birthplace *Ohio*

8. Full Name of Father *Herman Isaac*

9. Father's Occupation *Lignr Dealer*

10. Father's Birthplace *Berlin*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

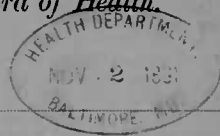
*R. W. Goldsmith M.D.*

*Kearney av. & Calhoun St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
- Sex (state whether male or female) *Male*
  - Race or Color (if not of the white race) *White*
  - Date of Birth *Oct. 24<sup>th</sup> 1881*
  - Place of Birth (Street and Number) *Baltim. 292 Gilmore st*
  - Full Name of Mother *Elizabeth E. Grader*
  - Mother's Maiden Name *Elizabeth E. Lowe*
  - Mother's Birthplace *Haroldsburg, Mecumico County*
  - Full Name of Father *John L. Grader*
  - Father's Occupation *Lumber inspector*
  - Father's Birthplace *Haroldsburg, Mecumico Co*
  - Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. W. Bush*
  - Address *175<sup>th</sup> Presstman st*
  - Remarks *Dead Premature Birth*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51330

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

female  
white  
October 24<sup>th</sup> 1881  
138<sup>th</sup> Garre  
L. H. Kempel  
Karl Kempel  
Baltimore  
C. H. Kempel  
Physician  
German  
Professor Minus  
1. Lawrence

\*That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51331

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 24 October

4. Place of Birth, (Street and Number) 294 Ann Street

5. Full Name of Mother Hanistany Jankaska

6. Mother's Maiden Name Matecky

7. Mother's Birthplace Höngersville

Germany

8. Full Name of Father Valenty Matecky

9. Father's Occupation Green

10. Father's Birthplace Green

Name of Medical Attendant, or other Person who makes this Return. Maria Güttnen

Address Wolfe Street 245.

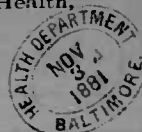
Remarks Lied on Knapp

John Brown cabinet maker 324. S. Bethel Street  
Alphonsus Jones yard November 1 - 1881 - afternoon 4 o'clock PM.

For any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth,
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name,
  7. Mother's Birthplace,
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

October 24<sup>th</sup> 1881

22 Halland St.

Sarah Green Cochran  
Sarah Green Pondleton.

Maryland

Purby W. Cochran  
Clerk.

Maryland

J. W. Henck, M.D.

75 E. Baltimore St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51333

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct-24*
4. Place of Birth, (Street and Number) *124 E. Lombard.*
5. Full Name of Mother, *Johanna Kirsh*
6. Mother's Maiden Name, *Kess*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Maxim Kirsh*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Sarah Cooper*
- Address, *72 E. Lombard*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female  
White

October 24<sup>th</sup> 1881

No. 191 N. Gilmer

Ida Virginia (Miller) Dale

Balto. City, Md.  
Shepard G. Miller  
Property agent

Norfolk  
Louis W. Knight  
112 N. Greene



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51335

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) .. *Female*
2. Race or Color, (if not of the white race) .. *White*
3. Date of Birth, ..... *October 24,*  
*1881*
4. Place of Birth, (Street and Number) *#187 Bank St*
5. Full Name of Mother, ..... *Mary Bennett*
6. Mother's Maiden Name, ..... *Roesler*
7. Mother's Birthplace, ..... *Baltimore*
8. Full Name of Father, ..... *John Bennett*
9. Father's Occupation, ..... *Carpenter*
10. Father's Birthplace, ..... *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *Mrs. Louise Kraft*
- Address, ..... *#226 Canton St*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51336

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

4<sup>th</sup>

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

24<sup>th</sup> Apr. 1881

4. Place of Birth (Street and Number)

310 W. Durham St

5. Full Name of Mother

Augusta Juliana Krausman

6. Mother's Maiden Name

A. J. Huetten

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fred. Krausman

9. Father's Occupation

Green Grocer

10. Father's Birthplace

Minerslow (Wunderburg) Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Heldmann M.D.

Address

120 Pearl St. Baltimore.

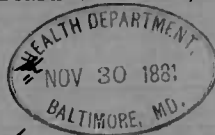
Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51337

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8  
male  
white

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

24<sup>th</sup> Oct.

Edw Monroe St No 62

Mary Fisher  
Mary Wilhelm

Baltimore

Conrad Fisher

Brisle Finsher

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Gunder  
No 66 Schroeder St.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51338

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*  
 1. Sex (state whether Male or Female) *m*  
 2. Race or Color (if not of the white race) *w*  
 3. Date of Birth *Oct 24 81*  
 4. Place of Birth (Street and Number) *257 Battery av*  
 5. Full Name of Mother *Nora Wetli*  
 6. Mother's Maiden Name *Rohan*  
 7. Mother's Birthplace *Balto*  
 8. Full Name of Father *Francis Marion Wetli*  
 9. Father's Occupation *Balto*  
 10. Father's Birthplace *St Lukew mo*  
 Name of Medical Attendant, or other Person who makes this Return. *154 Shanksh*  
 Address  
 Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25. of October 1881.*
4. Place of Birth, (Street and Number) *41 North Canal Street.*
5. Full Name of Mother, *Maryann Mcarden*
6. Mother's Maiden Name, *Maryann Kolben*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jamas Pranas Kolben*
9. Father's Occupation, *Sarcher*
10. Father's Birthplace, *Baltimore County Md.*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *77 North Chapel street, perfumers Kunkel*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51340

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Day of Oct.

4. Place of Birth, (Street and Number) 203 E. Fayette St.

5. Full Name of Mother, Kate Wheeler

6. Mother's Maiden Name, Kate. Plin

7. Mother's Birthplace, Baltimore, Md. Dc

8. Full Name of Father, Chas. S. Wheeler

9. Father's Occupation, Clerk

10. Father's Birthplace, Spotsylvania, County, Vt.

Name of Medical Attendant, or other Person who makes this Return Virginia Wheeler

Address, Health Department of Baltimore City

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *OCT 25 1881*

4. Place of Birth (Street and Number) *52 N. Fremont*

5. Full Name of Mother *Sallie Halloran*

6. Mother's Maiden Name *Killalea*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Halloran*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*

Address *39 N. Carey St*

Remarks *Balto*

Not to be filled out by any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 25th 81

4. Place of Birth, (Street and Number)

1014 Chestnut St

5. Full Name of Mother,

Marietta Brewington  
Burgitold

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
Spaulding, Brewington  
Shipping Clerk.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who  
makes this Return

Dr. Schaeffer midwife  
330 Kanawha St.

Address,

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *25 of October 1887*
4. Place of Birth, (Street and Number) *No. 7 Trinity St.*
5. Full Name of Mother, *Elizabeth Williams*
6. Mother's Maiden Name, *Elizabeth Williams*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Joseph Curran*
9. Father's Occupation, *Carriage Maker.*
10. Father's Birthplace, *Baltimore City.*
- Name of Medical Attendant, *Mrs. Eliza Hemming*  
or other Person who makes this Return.
- Address, *93 Albemarle St.*
- Remarks, *(City)*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51344

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,...

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third  
Female  
White  
25th October 1881  
1271 Stiles Street  
Ellen Rose  
Ellen M. Givney  
Baltimore City.  
John Rose  
Laborer  
Ireland  
Mrs Eliza Hemming  
93 Albemarle St  
(City)

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NEVER NAME ADDED 11-4-56  
RETURN OF A BIRTH

51345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Howard Shipp Third

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 25<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Baltimore, 532 Lexington St

5. Full Name of Mother,

Annie Matilda Shipp

6. Mother's Maiden Name,

"Hurn

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Luther Boyce Shipp

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return

Mrs Dumbler

Address,

60 Schroeder St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 25<sup>th</sup> 81*
4. Place of Birth, (Street and Number) *134 Chew St.*
5. Full Name of Mother, *Mary Spohrer*
6. Mother's Maiden Name, *Mary Cook*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Marlow Spohrer*
9. Father's Occupation, *Barkeeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Frank A. G. Moyer M.D.*
- Address *No. 7 S High St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Oct 25-1881

4. Place of Birth, (Street and Number)

125 Durham St

5. Full Name of Mother,

6. Mother's Maiden Name,

Margry Lockiness

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Euginder Woolford

Address,

130 M Register St

Remarks,

cf Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Tues day 25th October
4. Place of Birth, (Street and Number) No 16 Hocholier Street
5. Full Name of Mother, Lizzie Brown
6. Mother's Maiden Name, Lizzie Swamback
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Abraham Brown
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Garah Hall
- Address,
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51349

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, etc.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 25

4. Place of Birth, (Street and Number)

18 Bevan Street

5. Full Name of Mother,

Annie Kuhlman

6. Mother's Maiden Name,

Annie Geier

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Mrs. Kuhlman

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Fredericus M. King

Address,

1 Lawrence St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51357

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)....

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,.....

25 October

4. Place of Birth, (Street and Number)

5 Mary street

5. Full Name of Mother,

Annie Blumhof

6. Mother's Maiden Name,

" Erdman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Blumhof

9. Father's Occupation,

~~St. Linen~~ Linen

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rosa Hilly

Address,

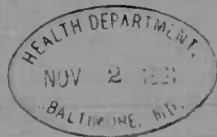
48 Holland street

Remarks,



51351

BALTIMORE CITY.



11/11/11  
11/11/11  
11/11/11

- [illegible]

or other Person who  
makes this Return.

who  
urn.

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51352

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *Oct 25th 81*

4. Place of Birth, (Street and Number), *409 Penna Ave*

5. Full Name of Mother, *Louisa Chapman*

6. Mother's Maiden Name, *Louisa Sinnering*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Charles Chapman*

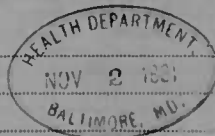
9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this return *Dr. Keller M.D.*

Address, *57 S. Green St*

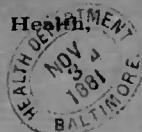
Remarks, \_\_\_\_\_



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8th  
Male  
White.

October 25. 1881

7 Trinity St.  
Elizabeth Curran,  
Elizabeth Williamson.

Maryland  
Joseph Curran

Dairyman

Maryland  
J. W. Hinch MD.  
75 E Baltimore St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

*William Andrew Gillespie*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

*Male*

*White*

*October 25, 1881*

*N.E. Cor. Pratt & Calver Sts.*

*Amelia K. Gillespie*

*Amelia K. Namath,*

*Maryland*

*James M. Gillespie*

*Farmer.*

*Maryland*

*J. W. Honck, M.D.*

*75, E. Baltimore St.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51355

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) .....

3. Date of Birth, ..... Oct. 25-

4. Place of Birth, (Street and Number) ..... Highland Home

5. Full Name of Mother, ..... Catherine Reese

6. Mother's Maiden Name, ..... Horn

7. Mother's Birthplace, ..... Baltimore

8. Full Name of Father, ..... Martin Reese

9. Father's Occupation, ..... Butcher

10. Father's Birthplace, ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. H. Green

Address, ..... 73 E. Lombard

Remarks, .....

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51356

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 25th 1881
4. Place of Birth (Street and Number) ~~282~~ Harford Ave 248
5. Full Name of Mother Annie Watts
6. Mother's Maiden Name O'Connor
7. Mother's Birthplace Ireland
8. Full Name of Father James Watts
9. Father's Occupation Clerk
10. Father's Birthplace Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. M. B. Pillsbury
- Address 256 E. J. L. St
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 30

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 23<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) No. 366. Levens Street
5. Full Name of Mother, C. M. Maynard
6. Mother's Maiden Name, C. M. Boult
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, W. Maynard
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, Harvey L. Byrd, M.D.  
or other Person who makes this Return

Address, 225 N. Gilman Street

Remarks, Natural labor Mother & child doing well

\* That any physician, accouchement, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51351

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 26 1881
4. Place of Birth, (Street and Number) No 27 Randall St
5. Full Name of Mother, Jane Freedy
6. Mother's Maiden Name, Jane Elliotts
7. Mother's Birthplace, Balt city, md
8. Full Name of Father, Alfred Freedy
9. Father's Occupation, Labourer
10. Father's Birthplace, Germany
- Name of Medical Attendant, Elizabeth Hinton  
or other Person who makes this return
- Address, No 666 S Charles St
- Remarks, \_\_\_\_\_



That any physician, accoucher, midwife, or person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating definitely the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st  
Female  
White  
Oct 26 1881  
388 Dept St  
Alice Long  
Alice Goodman  
Baltimore, Md  
Thomas Long

Maryland  
Theodore Cook, M.D.  
146 Hanover

"That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of, or deliver, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 26 1881*
4. Place of Birth, (Street and Number) *44 Lexington St*
5. Full Name of Mother, *Sallie S. Jackson*
6. Mother's Maiden Name, *Sallie J. Keen*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Cupid M. Jackson*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Locke MD*
- Address, *146 Nassau St*
- Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 26 1881*
4. Place of Birth, (Street and Number) *297 Short St*
5. Full Name of Mother, *Josephine Hart*
6. Mother's Maiden Name, *Josephine King*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Harry C Hart*
9. Father's Occupation, *Restaurateur*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cooke MD*
- Address, *146 Hanover St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 of Oct 1881*
4. Place of Birth, (Street and Number) *No 16 West St*
5. Full Name of Mother, *Mrs. Abby Hooff*
6. Mother's Maiden Name, *McCarthy*
7. Mother's Birthplace, *San Francisco County*
8. Full Name of Father, *James Hooff*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. C. G. G. G.*
- Address, *125 West St*
- Remarks,

I, that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

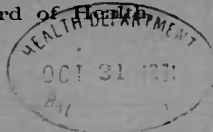


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(9)*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 26, 1881*
4. Place of Birth, (Street and Number) *74 S. Eutarow St*
5. Full Name of Mother, *Christina Berger*
6. Mother's Maiden Name, *Christina Esch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Wilhelm Berger*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Elligunda Schifer*
- Address, *20 Columbia St*
- Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 26

4. Place of Birth, (Street and Number)

West Pratt St No 845

5. Full Name of Mother,

Adelheid Stuenemann

6. Mother's Maiden Name,

Adel. Gentz

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph Stuenemann

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Boston Mass.

Name of Medical Attendant, or other Person who makes this Return

Mrs Dumber

Address,

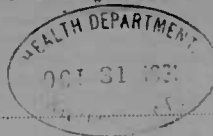
61 North Charles St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct. 26th 1881*  
 4. Place of Birth, (Street and Number) *31 N. High St.*  
 5. Full Name of Mother, *Leah Ahrens*  
 6. Mother's Maiden Name, *Leah Kahn*  
 7. Mother's Birthplace, *Berunburg*  
 8. Full Name of Father, *Loeb Ahrens*  
 9. Father's Occupation, *Prop<sup>r</sup> of Livery Stable*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *F. Jentland*  
 Address, *No. 2 Cathedral St.*  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

51366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

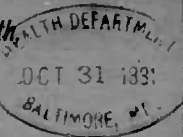
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 26<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 402 5<sup>th</sup> & Carroll
5. Full Name of Mother June Hatch
6. Mother's Maiden Name June Hallenbeck
7. Mother's Birthplace Germany
8. Full Name of Father Harold Hallenbeck
9. Father's Occupation X. Sales
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Report. Miss Christina Lamm
- Address 110 Harper
- Remarks 1581



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
  1. Sex (state whether Male or Female) Female
  2. Race or Color (if not of the white race) Colored
  3. Date of Birth Oct 26<sup>th</sup> 1881
  4. Place of Birth (Street and Number) Baltimore Winter St
  5. Full Name of Mother Lusinda Weeks
  6. Mother's Maiden Name Lusinda Coit
  7. Mother's Birthplace Somerset Co. M. D.
  8. Full Name of Father Cornelius Weeks
  9. Father's Occupation Cyster C
  10. Father's Birthplace Eastern Shore
- Name of Medical Attendant, or other Person who make this Return.  
Address  
Remarks Mrs Francis Granby

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51368

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 26<sup>th</sup> 1881

4. Place of Birth, (Street and Number) ...

334 St. James st.

5. Full Name of Mother,

Caroline Annette Jordan

6. Mother's Maiden Name,

Caroline Annette Rogers

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

James Marion Jordan

9. Father's Occupation,

Custodian of the Office

10. Father's Birthplace, ...

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Isaac Cunningham M.D.  
134 - F. Carroll Place

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51369

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female).. *Female*
2. Race or Color, (if not of the white race).. *By guess, I skip*
3. Date of Birth, *October the 36<sup>th</sup>*
4. Place of Birth, (Street and Number) *No 20 Belokholin Street*
5. Full Name of Mother, *Gawveria Sawyer*
6. Mother's Maiden Name, *Gawveria Marshall*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John H. Sawyer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Salisbury, Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



51370

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

26 of October

4. Place of Birth (Street and Number)

103 Plum alley

5. Full Name of Mother

Ella Johnson

6. Mother's Maiden Name

Ella

7. Mother's Birthplace

West river Md

8. Full Name of Father

John Gray

9. Father's Occupation

Laborer

10. Father's Birthplace

West river Md

Name of Medical Attendant, or other Person who makes this Return.

Charles Jones

Address

266 - C. Charles st

Remarks

Live born and getting along very well

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 of Oct*
4. Place of Birth, (Street and Number) *Batt Street No. 13*
5. Full Name of Mother, *Agnes Gleig*
6. Mother's Maiden Name, *Fischer*
7. Mother's Birthplace, *Munich (Bavaria) Germ.*
8. Full Name of Father, *Bartholomäus Gleig*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Leam (Barbaria) Germ.*
- Name of Medical Attendant, or other Person who makes this Return. *S. Behnken (Midwife)*
- Address, *20 East Street.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51372

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 26, 1881.

4. Place of Birth, (Street and Number)

157 S. Collington Ave.

5. Full Name of Mother,

Emilie Omies

6. Mother's Maiden Name,

Winterling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Omies

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who  
makes this Return.

George H. H. H. M. D.

Address,

94 E. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1
1. Sex, (state whether male or female) ... Female a girl
2. Race or Color, (if not of the white race) ... White
3. Date of Birth, ... Wednesday October the 26th
4. Place of Birth, (Street and Number) ... 82 Hill street Baltimore
5. Full Name of Mother, ... Kate Roman
6. Mother's Maiden Name, ...
7. Mother's Birthplace, ... Baltimore
8. Full Name of Father, ... William Benzine
9. Father's Occupation, ... Revolutionary by trade
10. Father's Birthplace, ... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ... Rudolph W. Chief
- Address, ... Sundayville
- Remarks, ...

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

513711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*  
1. Sex, (state whether male or female). *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *October 26<sup>th</sup>*  
4. Place of Birth, (Street and Number) *156 Bank St*  
5. Full Name of Mother, *Henrietta Bowling*  
6. Mother's Maiden Name, *Henrietta Sweeten*  
7. Mother's Birthplace, *Chester County Pa.*  
8. Full Name of Father, *Louis Bowling*  
9. Father's Occupation, *Painter*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs H. Knowles*  
Address, *136 South Caroline St*  
Remarks, *Natural*



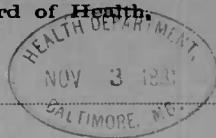
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26 1881
4. Place of Birth, (Street and Number) 4119 Borne St
5. Full Name of Mother, Annie Weinsick
6. Mother's Maiden Name, Thornel Thornel
7. Mother's Birthplace, Austria
8. Full Name of Father, Adelbert Weinsick
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Austria Austria
- Name of Medical Attendant, or other Person who make this Return Mary Roth
- Address 328 E. Eutam St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51376

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black race*
3. Date of Birth, *Oct 26*
4. Place of Birth, (Street and Number) *Little Pine Street No. 15*
5. Full Name of Mother, *Nellie Davis*
6. Mother's Maiden Name, *Nellie Holmes*
7. Mother's Birthplace, *Essex County Virginia*
8. Full Name of Father, *Robert Davis*
9. Father's Occupation, *Food Carrier*
10. Father's Birthplace, *Richmond Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Ann Johnson*
- Address.
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51377

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 4
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct-26
4. Place of Birth, (Street and Number) ..... 7 Canal St
5. Full Name of Mother, ..... Mary Houser
6. Mother's Maiden Name, ..... Bird
7. Mother's Birthplace, ..... Maryland
8. Full Name of Father, ..... George Houser
9. Father's Occupation, ..... Painter
10. Father's Birthplace, ..... Maryland
- Name of Medical Attendant, or other Person who makes this Return ..... Frank Cooper
- Address ..... 72 E Lombard
- Remarks .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *OCT 26 1881*
4. Place of Birth (Street and Number) *Chesnut St al 93*
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name *Ellen Lee*
7. Mother's Birthplace *Mathews county, Virginia*
8. Full Name of Father *Charles Taylor*
9. Father's Occupation *Wholesale Dealer*
10. Father's Birthplace *Fredric County*
- Name of Medical Attendant, or other Person who makes this return *Elizabeth Hunt*
- Address *Baringers Court*
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51379

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 6, 1881

4. Place of Birth, (Street and Number)

80 William St

5. Full Name of Mother,

Emma Thiele

6. Mother's Maiden Name,

Ellis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Thiele

9. Father's Occupation,

Black

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Howell

Address,

281 E. Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 51380

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth October 26  
 4. Place of Birth, (Street and Number) 124 Humbert Street  
 5. Full Name of Mother Catherine Bannan  
 6. Mother's Maiden Name Catherine Anderson  
 7. Mother's Birthplace London  
 8. Full Name of Father Daniel O. E. Bannan  
 9. Father's Occupation Boat on Coal Pier  
 10. Father's Birthplace Locust Point  
 Name of Medical Attendant, or other Person who makes this Return. Marjorie Eitel  
 Address No 13 Eulia Street  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57387

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *English*  
*Female*
1. Sex, (state whether male or female)....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct-26th. 1881*
4. Place of Birth, (Street and Number) *320 Mc Henry street Baltimore*
5. Full Name of Mother, *Rebecca Small*
6. Mother's Maiden Name, *" Sellahs*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jacob Small*
9. Father's Occupation, *Janitor at Public School*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Loman*
- Address, *435 W. Mc Henry st*
- Remarks, *First child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Seventh  
Female

White

Oct 26th 1881

125 Preston St

Fallie Gosnell

Deering, then (Widow) Lee

Virginia

Jesse F. Gosnell

Carpenter

Elias R. Price M.D.

262 Madison Ave



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51313

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *26th October*

4. Place of Birth, (Street and Number)..... *Boyd St 12*

5. Full Name of Mother,..... *Mattie Beck*

6. Mother's Maiden Name,..... *Mattie Beck*

7. Mother's Birthplace,..... *Crage Poland*

8. Full Name of Father,..... *J. Beck*

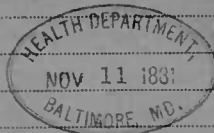
9. Father's Occupation,..... *Upholsterer*

10. Father's Birthplace,..... *Sanseville Poland*

Name of Medical Attendant, or other Person who makes this return.....

Address..... *Mrs Catherine Seebach*

Remarks,..... *439 West Pratt St Balt*

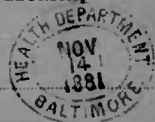


- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57384

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3<sup>rd</sup>
1. Sex, (state whether male or female) ... Male
2. Race or Color, (if not of the white race) ... white
3. Date of Birth, ... Oct 20<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ... 167. L. Green St.
5. Full Name of Mother, ... Mary Anne Beck
6. Mother's Maiden Name, ... R. E. E.
7. Mother's Birthplace, ... Balto. City
8. Full Name of Father, ... Ernest H. Beck
9. Father's Occupation, ... Plan. Maker
10. Father's Birthplace, ... Balto. City
- Name of Medical Attendant, or other Person who made this Return ... Mrs. George H. Richmond
- Address ... 185. S. 22. St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51385

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether ~~Male~~ or Female) *Male*
2. Race or Color (if not of the ~~white~~ race) *Celan*
3. Date of Birth *October 27 1881*
4. Place of Birth (Street and Number) *32 MacEldra St*
5. Full Name of Mother *Meale Jane*
6. Mother's Maiden Name *Meale Sackin*
7. Mother's Birthplace *Darby County Md & Esten Har.*
8. Full Name of Father *William Jane*
9. Father's Occupation *Lump Dealer*
10. Father's Birthplace *Cambridge Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Greck*
- Address *No 36 Davis St*
- Remarks *Non*  
*Baltimore Md*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 of Oct 1881

4. Place of Birth, (Street and Number)

No 28 Grindel St

5. Full Name of Mother,

Emmie Herdel

6. Mother's Maiden Name,

Emmie Washington

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Washington

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Joseph Washington

Address,

No 28 Grindel St

Remarks,

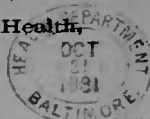
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar a forecast, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



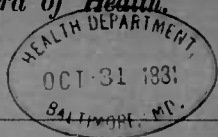
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 27<sup>th</sup>*
4. Place of Birth, (Street and Number) *64 S Gay St*
5. Full Name of Mother, *Ida Meall*
6. Mother's Maiden Name, *Ida Newhans*
7. Mother's Birthplace, *New York City*
8. Full Name of Father, *John S. Meall*
9. Father's Occupation, *Master*
10. Father's Birthplace, *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this return *Miss Weiss*
- Address, *226 N. Frederick St*
- Remarks, *Midwife*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57381

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 27th
4. Place of Birth, (Street and Number) No 185 Greenmount ave
5. Full Name of Mother Julia Hagan
6. Mother's Maiden Name Julia Albinn
7. Mother's Birthplace Balt Co Maryland
8. Full Name of Father Thomas Albinn
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return. Mrs Christina Sauer
- Address 143 Harper, crm.
- Remarks 1581

Every birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *two Females*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *October 27<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *Baltimore Burgundy Alley No 180*
5. Full Name of Mother, *Margret Nesterson*
6. Mother's Maiden Name, *Margret Sommer*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *George W. Nesterson*
9. Father's Occupation, *Lineman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mr. M. Shaffer*
- Address, *114 Ridgely St.*
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> 10<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 2<sup>nd</sup> 1881
4. Place of Birth, (Street and Number) 10 1/2 Block St.
5. Full Name of Mother, Mary Holland
6. Mother's Maiden Name, Dorwart
7. Mother's Birthplace, Germany
8. Full Name of Father, James Holland
9. Father's Occupation, Wagoner
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Bate
- Address, 120 Canal St.
- Remarks,

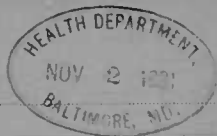


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51391

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 October

4. Place of Birth, (Street and Number) 1529 Spring street

5. Full Name of Mother, Annie Hannah

6. Mother's Maiden Name, Stengel

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Stengel

9. Father's Occupation, carpet worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Mling

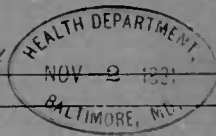
Address, 48 Holland street

Remarks,

# RETURN OF A BIRTH, 51399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st birth
1. Sex (state whether male or female) female
  2. Race or Color, (if not of the white race) white race
  3. Date of Birth 27<sup>th</sup> of October
  4. Place of Birth, (Street and Number) Hull Street no number Baltimore
  5. Full Name of Mother Margaret Frank
  6. Mother's Maiden Name Margaret Petty
  7. Mother's Birthplace Baltimore, Md.
  8. Full Name of Father Joseph Frank
  9. Father's Occupation Soldier
  10. Father's Birthplace Buffalo
- Name of Medical Attendant, or other Person who makes this return. Mrs Donaldson
- Address 452 Fort Avenue
- Remarks Mother and child are doing well.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

57393

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*  
1. Sex, (state whether male or female) *But*  
2. Race or Color, (if not of the white race) *Weiß*  
3. Date of Birth, *geboren den 27. ten October*  
4. Place of Birth, (Street and Number) *N<sup>o</sup> 231½ S. Brodweg*  
5. Full Name of Mother, *Emma Hacke*  
6. Mother's Maiden Name, *Emma Vöcker*  
7. Mother's Birthplace, *Deutschland*  
8. Full Name of Father, *Georg Hacke*  
9. Father's Occupation, *Händlerbeier*  
10. Father's Birthplace, *Deutschland*  
Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*  
Address, *N<sup>o</sup> 197 S. Dallas Str*  
Remarks, *Henne*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51394

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct-27  
1881

4. Place of Birth, (Street and Number)

107  
Margaret St.

5. Full Name of Mother,

Mrs. Goldsberry

6. Mother's Maiden Name,

Maryland

7. Mother's Birthplace,

8. Full Name of Father,

James J. Herri

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. Frank Fisher

Address

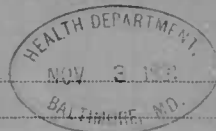
72 B. Lombard

Remarks

# RETURN OF A BIRTH

51395

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 27th 87
4. Place of Birth, (Street and Number) St. Light & Charles St.
5. Full Name of Mother, Catharine Bachman
6. Mother's Maiden Name, Stroman
7. Mother's Birthplace, Krochesser
8. Full Name of Father, Adam Bachman
9. Father's Occupation, Laborer
10. Father's Birthplace, Sachsen Germany
- Name of Medical Attendant, or other Person who makes this Return Henry Kroch
- Address, # 328 S. Eastern St.
- Remarks, \_\_\_\_\_

RECEIVED BY THE CITY OF BALTIMORE

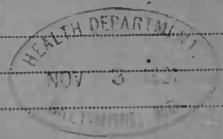
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51396

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 27 October
4. Place of Birth, (Street and Number) 2 Wagon chhy
5. Full Name of Mother, Josephine Grob
6. Mother's Maiden Name, Josephine Binder
7. Mother's Birthplace, Wetterberg
8. Full Name of Father, Frederick Charles Grob
9. Father's Occupation, Lock Smith Bell Younging
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Matt Sedley
- Address, 62 S. Frederick St.
- Remarks, \_\_\_\_\_

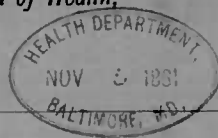


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57397

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Girl*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *October 25 1881*

4. Place of Birth (Street and Number) *23 Bess St*

5. Full Name of Mother *Mary Cecilia Green*

6. Mother's Maiden Name *Mary C. Ballie*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *John Green*

9. Father's Occupation *Strapper*

10. Father's Birthplace *St Marys co Maryland*

Name of Medical Attendant, or other Person who makes this Return. *J. R. Wiley MD*

Address *158 Hanover St*

Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51398

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Jessamine*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 27th 1881.*
4. Place of Birth, (Street and Number) *No. Court of Lillian & Longman*
5. Full Name of Mother, *Mary C. Belling.*
6. Mother's Maiden Name, *" " Knight*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *John Belling*
9. Father's Occupation, *Clarks*
10. Father's Birthplace, *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*
- Address, *435 N. Mc Henry St.*
- Remarks, *Strong healthy child.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51399

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd. *Sumali.*

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

*Apri. 27th 1887*  
*Ang. McKim Deane Sts,*  
*Mary C. Deane*  
*" Deane*  
*Balt.*  
*John Joseph C. Deane*  
*Restaurant*  
*Balt.*  
*Edward M. Deane*  
*1654 Calumet St*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant,
- Address,
- Remarks,

October 27<sup>th</sup> 1881.  
No 915 W. Pratt St.  
Leitha Schallitzky.  
" " Badner.  
" " Anthony Schallitzky.  
" " J. J. Decker.  
" " Baltimore.  
" " Anne Lindner.  
" " 4045 S. Henri, St.

"That any physician, apothecary, midwife, or other person in charge, who have assisted in the delivery of a child, or who have attended the mother, shall report to the Registrar of Vital Statistics in the City of Baltimore, that report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51400

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child.*  
*Female.*
1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) .....
  3. Date of Birth, *October 27<sup>th</sup>, 1881.*
  4. Place of Birth, (Street and Number) *No 915 W. Pratt, St.*
  5. Full Name of Mother, *Lertha Schalitzy Key.*
  6. Mother's Maiden Name, *" " Gemler.*
  7. Mother's Birthplace, *Baden.*
  8. Full Name of Father, *Antony Schalitzy Key.*
  9. Father's Occupation, *Ice Dealer.*
  10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Arne Lindner.* or other Person who makes this Return  
Address, *No 45 S. Howard, St.*
- Remarks, .....

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child  
Male

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

October 27<sup>th</sup> 1881.  
No 2. Grove St.

4. Place of Birth, (Street and Number) ..

Barberry Leubort.

5. Full Name of Mother, ..

" " Bauswein.

6. Mother's Maiden Name, ..

Bayern.

7. Mother's Birthplace, ..

Wickel Leubort.

8. Full Name of Father, ..

Stone, Cutter,

9. Father's Occupation, ..

Bayern.

10. Father's Birthplace, ..

Anne Linelner.

Name of Medical Attendant, or other Person who makes this Return

No 45 S. Monroe St.

Address, ..

Remarks, ..

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

514021

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
- Sex (state whether Male or Female) Female
  - Race or Color (if not of the white race) White
  - Date of Birth October 27
  - Place of Birth (Street and Number) 500 E. Charles St
  - Full Name of Mother Catherine Vogel
  - Mother's Maiden Name Catherine Loftder
  - Mother's Birthplace Germany
  - Full Name of Father Sadyer Vogel
  - Father's Occupation Cigar maker
  - Father's Birthplace Germany
  - Name of Medical Attendant, or other Person who makes this Return. M. Louise A. C. Crofton
  - Address 110.390 N. Washington St.
  - Remarks healthy.

Carrie Gertrude Lamp

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

57403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



*Carrie Gertrude Lamp*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

*First Child*

1. Sex, (state whether male or female)

*female*  
*White*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*27<sup>th</sup> October - 1881*

4. Place of Birth, (Street and Number)

*No. 3 New Church St*

5. Full Name of Mother,

*Lizzie Lamp*

6. Mother's Maiden Name,

*Lizzie Starke*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Conrad Lamp*

9. Father's Occupation,

*Tailor*

10. Father's Birthplace,

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Mrs Catherine Seebach*

Address,

*439 West Pratt St*

Remarks,

**GIVEN NAME ADDED**

*6-10-52*

*Walt*

*L.M.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*  
 1. Sex, (state whether male or female) *female child*  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth, *October 27 1881*  
 4. Place of Birth, (Street and Number) *No 6 Lee street Baltimore Md*  
 5. Full Name of Mother, *Mary Parsey*  
 6. Mother's Maiden Name, *Mary Parsey*  
 7. Mother's Birthplace, *Calvert county Md*  
 8. Full Name of Father, *William Beret*  
 9. Father's Occupation, *Driving Grocer Wagon*  
 10. Father's Birthplace, *Calvert co Md*  
 Name of Medical Attendant, or other Person who makes this return. *Catherine Jones*  
 Address, *No 3 Harris St Baltimore*  
 Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *Female child*
2. Race or Color, (if not of the white race) *colored child*
3. Date of Birth, *27 October 1881*
4. Place of Birth, (Street and Number) *57 Vincent Alley Baltimore Md*
5. Full Name of Mother, *Fannie Gray*
6. Mother's Maiden Name, *Fannie Smith*
7. Mother's Birthplace, *Cumt Co. Md*
8. Full Name of Father, *John Gray*
9. Father's Occupation, *Master Shipker*
10. Father's Birthplace, *Cumt Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Henry R Jones*
- Address, *1017 Walnut St Baltimore*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, the name, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mail child*  
 1. Sex, (state whether male or female) *male*  
 2. Race or Color, (if not of the white race) *colored*  
 3. Date of Birth, *october 28 1891*  
 4. Place of Birth, (Street and Number) *percy street no 117*  
 5. Full Name of Mother, *Lizer carnia*  
 6. Mother's Maiden Name, *percy street*  
 7. Mother's Birthplace, *Lizer carnia*  
 8. Full Name of Father, *osie carnia*  
 9. Father's Occupation, *carriage maker*  
 10. Father's Birthplace, *acmac court*  
 Name of Medical Attendant, *or other Person who makes this Return*  
 Address, *no 117 percy street*  
 Remarks, *mail child*  
*no 117 percy street*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Birth

1. Sex (state whether male or female) Boi

2. Race or Color, (if not of the white race) Wht

3. Date of Birth 28 October

4. Place of Birth, (Street and Number) Lampem Street No 125

5. Full Name of Mother Anna Petzelt

6. Mother's Maiden Name " " Jahnmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Petzelt

9. Father's Occupation Lattler

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Bank Street No 443.

Address \_\_\_\_\_

Remarks Mrs. Maurer

OFFICE OF THE REGISTRAR OF VITAL STATISTICS OF THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51405

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth, .....
4. Place of Birth, (Street and Number)
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, .....
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....

Second  
Female.

White.

October 28<sup>th</sup> 1881

231 Gough St.

Bridget Green

Bridget Delaney

Ireland.

Joseph Green

Laborer

Ireland

Mrs. Rachel A. Garrett

No. 65 Burke St.

Name of Medical Attendant, or other Person who makes this Return

Address, .....

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51409

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Oct 28 1881

4. Place of Birth, (Street and Number)

215 Mullens St.

5. Full Name of Mother,

Lillian Roles

6. Mother's Maiden Name,

Lillian Lillard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Roles

9. Father's Occupation,

car making

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woolford

Address, 130 N Register St

Remarks, N Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51410

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *October 2nd 1881*
- Place of Birth (Street and Number) *192 Division St*
- Full Name of Mother *Mary Margaret Wright*
- Mother's Maiden Name *" Schuch*
- Mother's Birthplace *Baltimore County Maryland*
- Full Name of Father *George L. Wright*
- Father's Occupation *Catholic Priest*
- Father's Birthplace *Petersburg, Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Wright*
- Address *Dr. J. M. Wright, 192 Division St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, October 28th 1881
4. Place of Birth, (Street and Number) 115 28 Lombard St
5. Full Name of Mother, Lizzie Mackintosh
6. Mother's Maiden Name, Opil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Mackintosh
9. Father's Occupation, Miner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sophia Vernon
- Address, 115 28 Lombard St
- Remarks, \_\_\_\_\_

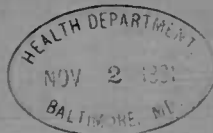
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51412

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex, (state whether male or female) Boy  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 28<sup>th</sup> Oct 1881  
4. Place of Birth, (Street and Number) Balto. Ann st 213  
5. Full Name of Mother, Sophie. Mascha  
6. Mother's Maiden Name, L. Gorman  
7. Mother's Birthplace, Bohemia  
8. Full Name of Father, Frank Mascha  
9. Father's Occupation, Laborer  
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Marg. Kaplan  
C. N. Washington St  
Marg. Kaplan



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28<sup>th</sup> Oct. 1881

4. Place of Birth, (Street and Number)

Balt. East Jefferson st

5. Full Name of Mother,

Babara Romenda

6. Mother's Maiden Name,

B. Melichar

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Romenda

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Kaptis

Address,

69 Washington st

Remarks,

Mary Kaptis

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

514111

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Octob 28.

4. Place of Birth (Street and Number)

64 Camden

5. Full Name of Mother

Mrs - Heil

6. Mother's Maiden Name

Caroline Proeth

7. Mother's Birthplace

8. Full Name of Father

Henry Heil

9. Father's Occupation

Jeweler

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. William B. McD  
137 W Fayette St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57415

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) .....

3. Date of Birth, ..... Oct-28

4. Place of Birth, (Street and Number) ..... 67 S. President-

5. Full Name of Mother, ..... Helen J. Disci

6. Mother's Maiden Name, ..... Gardie

7. Mother's Birthplace, ..... Italy

8. Full Name of Father, ..... Antonio J. Disci

9. Father's Occupation, ..... Laborer

10. Father's Birthplace, ..... Italy

Name of Medical Attendant, or other Person who make this Return ..... Dr. H. H. H. H. H.

Address, ..... 72 S. Lombard

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51416

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) \_\_\_\_\_
1. Sex (state whether Male or Female) *Female child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Born Oct 28 1881*
4. Place of Birth (Street and Number) *42 Power Street*
5. Full Name of Mother *Mary E. Bunday*
6. Mother's Maiden Name *Mary E. too good*
7. Mother's Birthplace *Annapolis County*
8. Full Name of Father *Wm. Bunday*
9. Father's Occupation *House painter*
10. Father's Birthplace *Essex County Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Pimrose*
- Address *51 Power Street*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, ..

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sh. Female  
Oct. 28th 1881  
29 Asglen St  
Belle. M. Munn.  
Curran  
Baltimore  
John M. Munn.  
Clerk  
Baltimore  
Edward P. Munn.  
167 N. Calvert St

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *18 October*
4. Place of Birth, (Street and Number) *Columbia St. N.*
5. Full Name of Mother, *Anna Margarete Juntel*
6. Mother's Maiden Name, *Anna Gubert*
7. Mother's Birthplace, *Meinheim, Prussia*
8. Full Name of Father, *Fray Conrad Kammek*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Augs. Prussia*
- Name of Medical Attendant, or other Person who makes this Return *J. E. Pugh*
- Address, *224 West Fayette St.*
- Remarks,

# RETURN OF A BIRTH

51419

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



female  
leucor

Born on the 28 of April 1881

plum alley No 9

Mary E Ben San

Mary E Harris

Born in Baltimore

J S Ben San

Dea man

Born in Baltimore

Lucy S. S. S. S.

No 1 pentapent and nine

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 28th
4. Place of Birth (Street and Number) 214 Columbia Ave.
5. Full Name of Mother Ellen P. Decker
6. Mother's Maiden Name Henrickle
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Decker
9. Father's Occupation Junk Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Weber M.D.
- Address 298 W. Lombard St.
- Remarks Child in healthy condition, Medium size



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51421

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Dec 20/81*
- Place of Birth, (Street and Number) *504 Hollands St*
- Full Name of Mother, *Louise Thirt*
- Mother's Maiden Name, *Richman*
- Mother's Birthplace, *Prussia Co. Pa.*
- Full Name of Father, *Samuel Thirt*
- Father's Occupation, *Carriage Driver*
- Father's Birthplace, *Prussia Co. Pa.*
- Name of Medical Attendant, *Dr. H. H. H. H. H.*  
or other Person who makes this Return.
- Address, *504 Hollands St*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Oct-28<sup>th</sup> 1881  
 4. Place of Birth, (Street and Number) No 87 Somerset st  
 5. Full Name of Mother Anna Finke  
 6. Mother's Maiden Name Annie Traumbold  
 7. Mother's Birthplace Balt  
 8. Full Name of Father Frank Finke  
 9. Father's Occupation Salesman  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. L. G. G. G.  
 Address 182 E Monument st  
 Remarks

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. *Mother's Maiden Name*

### 7. Mother's Birthplace

8. *Full Name of Father*

### 9. Father's Occupation

### 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*Address*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, 28th of October

4. Place of Birth, (Street and Number) Harvard St no 58

5. Full Name of Mother, Melina Derry

6. Mother's Maiden Name, Grogan

7. Mother's Birthplace, Calvert Co

8. Full Name of Father, John Derry

9. Father's Occupation, Brayman

10. Father's Birthplace, Quaker Neck

Name of Medical Attendant, or other Person who makes this Return Angelina Wilson

Address, Warner St 194

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51425

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 26<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 29<sup>th</sup>
4. Place of Birth, (Street and Number) 24 Wyoming St.
5. Full Name of Mother, Laura John P. Thomas
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Virginia
8. Full Name of Father, Alexander Thomas
9. Father's Occupation, Porter
10. Father's Birthplace, Washington D.C.
- Name of Medical Attendant, or Person who makes this Return J. H. Scaiff M.D.
- Address 4 Calverton St.
- Remarks Called by Midwife to stop Post partum Hemorrhage

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF, A BIRTH

51426

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Oct 29 1881

168 Montgomery St  
Sarah Windsor  
Sarah Webster

Ma  
Washington Windsor  
Mariner

Ma  
W.B. North, M.D.  
30 Hanover St

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51427

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 29<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *5 N. Bond St*
5. Full Name of Mother *Eliza Augusta Vane*
6. Mother's Maiden Name *Eliza Augusta Parr*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *James E. Vane*
9. Father's Occupation *Carlar*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Wm N. Hill M.D.*
- Address *196 E. Baltimore St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51428

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth October 29 1881

4. Place of Birth (Street and Number) No 25 Calhoun St

5. Full Name of Mother Annie Rabson

6. Mother's Maiden Name Annie Carr

7. Mother's Birthplace Landcaster Co Pa

8. Full Name of Father William Rabson

9. Father's Occupation Lumberman

10. Father's Birthplace Landcaster Co Pa

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 18 258 Rahung St

Remarks none



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51429

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct. 29. th. 1881
4. Place of Birth, (Street and Number) No. 68 Granby St.
5. Full Name of Mother, Mary Winters
6. Mother's Maiden Name, Wenzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Winters
9. Father's Occupation, Copier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, Stephen Simon  
or other Person who makes this Return

Address, No. 20 Granby St.

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



57430

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 29 1891

4. Place of Birth (Street and Number)

247 Saratoga

5. Full Name of Mother

Emma Sigmond

6. Mother's Maiden Name

Emma Goldman

7. Mother's Birthplace

City

8. Full Name of Father

Joseph Sigmond

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. B. Friedman

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, seconcheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51431

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th of October 1881*
4. Place of Birth, (Street and Number) *87 North Durham street*
5. Full Name of Mother, *Frances Meier*
6. Mother's Maiden Name, *Frances Frederick*
7. Mother's Birthplace, *New York York*
8. Full Name of Father, *Charles Frederick*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Dunkel*
- Address, *11 North Chapel street for Justina Dunkel*
- Remarks, *Healthy*

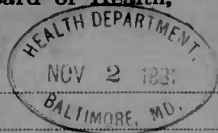
correct Record of Vital Statistics in the City of Baltimore.

- That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51432

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 Oct 1881

4. Place of Birth, (Street and Number) 511 E. 1st Street

5. Full Name of Mother, Louisa Lutton

6. Mother's Maiden Name, Louisa Nixon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lutton

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes the Return Mrs. Rosa Kelly

Address, 149 Holland Street

Remarks, Baltimore Md.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 29<sup>th</sup>, '81.*
4. Place of Birth (Street and Number) *91 Mulberry St.*
5. Full Name of Mother *Mamie Smith*
6. Mother's Maiden Name *Coffey*
7. Mother's Birthplace *Hagerstown Md.*
8. Full Name of Father *Samuel Smith*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm B. Oliver*
- Address *87 Mulberry St.*
- Remarks

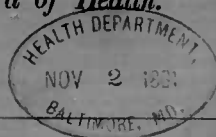
That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

514311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 29 of Apr
4. Place of Birth, (Street and Number) 1634 Harper St.
5. Full Name of Mother Bathe Seiberker
6. Mother's Maiden Name Bathe Katschman
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Celler Katschman
9. Father's Occupation tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Sauer
- Address 113 Harper St.
- Remarks 113 Harper St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51435

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

29th October 1881

4. Place of Birth, (Street and Number)

73/75 Hill Street

5. Full Name of Mother,

Margaret McCreary

6. Mother's Maiden Name,

Margaret Ingram

7. Mother's Birthplace,

Portadown, County Antrim, Ireland

8. Full Name of Father,

William Henry McCreary

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Portadown, County Antrim, Ireland

Name of Medical Attendant, or other Person who makes this Return

Perf. your Mining

Address,

1 Lombard St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29<sup>th</sup> Oct 1881

4. Place of Birth, (Street and Number) Balto. Fayette st No

5. Full Name of Mother, Bettie Yindra

6. Mother's Maiden Name, Bett. Frost

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Yindra

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 69 Washington st

Remarks,

Mary Raptist



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31437

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 Oct. 1881

4. Place of Birth, (Street and Number) Balto. Durham st No

5. Full Name of Mother, Mary Ludwiz

6. Mother's Maiden Name, Mary Kapralek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Ludwiz

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Kaptel

Address,

69 Washington St

Remarks,

Mary Kaptel

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, seconchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

571128

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14<sup>th</sup>

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 29<sup>th</sup>

1881

4. Place of Birth, (Street and Number)

No 100 Reade st

5. Full Name of Mother,

Annie Everett

6. Mother's Maiden Name,

Annie Craig

7. Mother's Birthplace,

Dorchester Co md

8. Full Name of Father,

Peter Everett

9. Father's Occupation,

Housekeeper

10. Father's Birthplace,

Balt city

Name of Medical Attendant, or other Person who makes this return

Elizabeth Hinton

Address

No 666 Charles st

Remarks



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



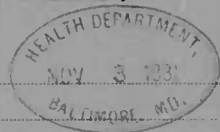
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth 181*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *29<sup>th</sup> October 1881*
4. Place of Birth, (Street and Number) *382 Monument St*
5. Full Name of Mother *Katharina John*
6. Mother's Maiden Name *Katharina Pfefferjohn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Adam John*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Maxine*
- Address *378 Monument St*
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 29th 81*

4. Place of Birth, (Street and Number) *No 280 Pratt St*

5. Full Name of Mother, *Amelia Gochlingbrook*

6. Mother's Maiden Name, *" Krimak*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Herman Gochlingbrook*

9. Father's Occupation, *Hollow Ware dealer*

10. Father's Birthplace, *Pennsylv*

Name of Medical Attendant, or other Person who makes this Return *Mary Hook*

Address *528 J of Euter St.*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 29th 81  
1029 Little Calver St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Lizzie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

John Johnson

9. Father's Occupation,

America

10. Father's Birthplace,

Bailer maker

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife  
330 Hanover St.

Address,

Remarks,



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Third child*  
*White*  
*Born 29<sup>th</sup> Oct*  
*156 Little Constellation*  
*Mrs Julia M<sup>rs</sup> Graine*  
*Wife of Julia H. Graine*  
*County Kerry Ireland*  
*Francis M<sup>rs</sup> Graine*  
*Foreman at Kearney's, Constable*  
*County Louth Ireland*  
*Mrs Wooden*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *Oct 29*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 29*
4. Place of Birth, (Street and Number) *First City 21*
5. Full Name of Mother, *Carie Wolf*
6. Mother's Maiden Name, *" Kline*
7. Mother's Birthplace, *Bavaria Germany*
8. Full Name of Father, *Paul R. Wolf*
9. Father's Occupation, *Laber*
10. Father's Birthplace, *Bavaria Germany*
- Name of Medical Attendant, or other Person who make this Return *Dorrellia Ann Pickering*
- Address, *No 5 N. Labor Court*
- Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Oct 29th 1881*

4. Place of Birth (Street and Number) *No 2 Seligman St*

5. Full Name of Mother *Charlotte Banton*

6. Mother's Maiden Name *Do Do*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Eli Clayton*

9. Father's Occupation *Oyster Schuickel*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this return *Caroline Moore*

Address *No 2 Seligman St*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 29th 1881
4. Place of Birth, (Street and Number) 284 N. Calver St
5. Full Name of Mother Catherine Weiser
6. Mother's Maiden Name Bartholomew
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. C. Weiser
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. D. W. McDonald
- Address 474 N. E. Gay St
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 212 Canton St.
5. Full Name of Mother, Amelia Reiter Thurman
6. Mother's Maiden Name, Amelia Reiter
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert S. Thurman
9. Father's Occupation, Jeweler
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mary O. Sims
- Address, 111 St. Washington Street
- Remarks,

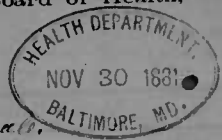
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51447

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Female.

White

29 October 1881

No. 57 Lexington Co. Carbon

Anne Becker

" " Carrier

Camden, Maryland

Charles Becker

Green St.

Germany

Mrs. G. Becker

No. 60 Schroeder St.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) *2nd, 6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 30th 1881*
4. Place of Birth (Street and Number) *205 E. Fremont St.*
5. Full Name of Mother *Mollie Franklin*
6. Mother's Maiden Name *Mollie Benton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. H. Franklin*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*L. W. S. Gull, M.D.  
406 Cross Street*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57447

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether Male or Female) Male Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30<sup>th</sup> Oct. 1881
4. Place of Birth (Street and Number) 50 N. Center St. Balt.
5. Full Name of Mother Dorothea Luke
6. Mother's Maiden Name Dorothea Appel
7. Mother's Birthplace Germany
8. Full Name of Father Kenneth Luke
9. Father's Occupation Sailor
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return John Hays, M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51430

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 30 1881*

4. Place of Birth, (Street and Number) *299 W Biddle St.*

5. Full Name of Mother, *Alice Medora Morris*

6. Mother's Maiden Name, *Shiplay*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Alonzo Morris*

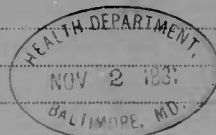
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return *Marbury Brewer M.D.*

Address, *68 McCulloch Street*

Remarks,



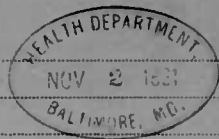
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51451

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Oct 30 / 81
4. Place of Birth, (Street and Number) 46 Greenview St.
5. Full Name of Mother, Mary Lutz
6. Mother's Maiden Name, Mary Schuman
7. Mother's Birthplace, Ind.
8. Full Name of Father, Jacob H. Lutz
9. Father's Occupation, Grocer
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other Person who makes this Return J. H. Miller M.D.
- Address, 29 W. Green St.
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth October 20, 1881  
 4. Place of Birth, (Street and Number) No 216 N. Broadway  
 5. Full Name of Mother Mrs. Mary Delanah Thompson  
 6. Mother's Maiden Name Miss Mary D. White  
 7. Mother's Birthplace Baltimore, Md.  
 8. Full Name of Father Mr. Thomas Edward Thompson  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Baltimore, Md.  
 Name of Medical Attendant, or other Person who makes this Return Wm. H. Lelandine M.D.  
 Address No. 109 North Broadway  
 Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics; Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct 30, 1881.*  
 4. Place of Birth, (Street and Number) *291 E. Madison St.*  
 5. Full Name of Mother, *Mary V. Burrier*  
 6. Mother's Maiden Name, *Long.*  
 7. Mother's Birthplace, *Baltimore.*  
 8. Full Name of Father, *John R. Burrier,*  
 9. Father's Occupation, *collar maker.*  
 10. Father's Birthplace, *Baltimore.*  
 Name of Medical Attendant, or other Person who makes this Return, *A. H. Enich, M.D.*  
 Address, *94 C. Broadway.*  
 Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 30/1881

4. Place of Birth, (Street and Number) No 1 Oxford st

5. Full Name of Mother, Mary Knell

6. Mother's Maiden Name, Mary Bunker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Knell

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs G. M. S. Engeli

Address, 34 5 Penna av

Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51455

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... Oct 30
4. Place of Birth, (Street and Number) ..... 3 Edwards St.
5. Full Name of Mother, ..... Barbara J. Smith
6. Mother's Maiden Name, ..... J. Sheppard
7. Mother's Birthplace, ..... Germany
8. Full Name of Father, ..... John Smith
9. Father's Occupation, ..... Weaver
10. Father's Birthplace, ..... Germany
- Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. H. Cooper
- Address ..... 72 E. Lombard
- Remarks .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

311231

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

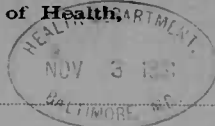
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Born on the 30th of Oct. 1881
4. Place of Birth, (Street and Number) 21 Fulton St
5. Full Name of Mother Lizzie Wherman Rex
6. Mother's Maiden Name Lizzie Hemming
7. Mother's Birthplace Born in the City of Balt.
8. Full Name of Father John Schmucke
9. Father's Occupation Brisle Worker
10. Father's Birthplace Born in the City of Balt.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Kille
- Address 407 W. Pratt St.
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51457

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 30th 87*

4. Place of Birth, (Street and Number) *Cor Warner & Broadway Alley*

5. Full Name of Mother, *Mrs Breidenstem*

6. Mother's Maiden Name, *Brieggheim*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Herb Breidenstem*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Mary Brook*

Address, *# 328 f Eastern St*

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 51458

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth OCT 30<sup>th</sup>

4. Place of Birth, (Street and Number) 110 Hubert St

5. Full Name of Mother Mary V King

6. Mother's Maiden Name Mary V Pace

7. Mother's Birthplace Virginia

8. Full Name of Father E. R. King

9. Father's Occupation Watchman

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *11*
3. Date of Birth, *4th Feb 80 '81*
4. Place of Birth, (Street and Number) *530 Gay St*
5. Full Name of Mother, *Margaret A. Painter*
6. Mother's Maiden Name, *Barnes*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James E. Painter*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Howell*
- Address *186 Mc Douglass St*
- Remarks,

That any Physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of any such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*H. H. Female.*

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)....

3. Date of Birth, .....

*Oct. 20 / 81*

4. Place of Birth, (Street and Number).....

*2 Argyle St.*

5. Full Name of Mother, .....

*Gertrude C. Davis.*

6. Mother's Maiden Name, .....

*" Harris*

7. Mother's Birthplace, .....

*Glenarden Va.*

8. Full Name of Father, .....

*Robert H. Davis.*

9. Father's Occupation, .....

*Cord Maker*

10. Father's Birthplace, .....

*Shiloh Va*

Name of Medical Attendant, or other Person who makes this Return. .....

*Edward J. McDevitt.*

Address, .....

*169 1/2 Calvert St*

Remarks, .....



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 30<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *20 Granby st.*
5. Full Name of Mother, *Ethel Patz*
6. Mother's Maiden Name, .....
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Louis Patz*
9. Father's Occupation, *Peddler*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bunshien*
- Address, *113 C. Lombard st.*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51462

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11 1881

4. Place of Birth, (Street and Number)

22 Prince St

5. Full Name of Mother,

Ellen Thomas

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Providence R. I.

8. Full Name of Father,

Samuel Thomas

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Worcester Mass

Name of Medical Attendant, or other Person who makes this Return.

W. H. Thomas

Address,

110 Fayette St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 30<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 182 S Monmouth St
5. Full Name of Mother Late Kemminger
6. Mother's Maiden Name Late Schick
7. Mother's Birthplace Balt
8. Full Name of Father William Kemminger
9. Father's Occupation Lawyer
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. Benjamin Heller
- Address 182 S Monmouth St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 3-2-60  
**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



*Marie St Leger*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Sunday Octo 31th. 1881.*
4. Place of Birth (Street and Number) *30 Storer St.*
5. Full Name of Mother *Amie St Leger.*
6. Mother's Maiden Name *Amie Flaherty.*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *William St Leger.*
9. Father's Occupation *Men's Dealer.*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who  
Address *Wilmer Brinton MD*  
*25 1/2 Greenmount Ave*
- Remarks *"Verte Presentation".*

- That any physician, accouchen, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31465

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th of October, 1881*
4. Place of Birth, (Street and Number) *49 North Washington Street*
5. Full Name of Mother, *Liza Ann*
6. Mother's Maiden Name, *Liza Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Fisher Smith*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chapel Street per postmistress Kunkel*
- Remarks, *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth October 30 1891
4. Place of Birth (Street and Number) No 109 Ramsey Lane
5. Full Name of Mother Eoline Butler
6. Mother's Maiden Name Eoline Jones
7. Mother's Birthplace Calvert Co Md
8. Full Name of Father Robert Butler
9. Father's Occupation Calico
10. Father's Birthplace St Mary Co Md
- Name of Medical Attendant, or other Person who makes this Return. Charlott Warren
- Address No 235 Raburg St
- Remarks none

3146j



3d, &c.) Third Child  
Female Child  
Colored  
30 of October 1881  
No 70 Woodward Street Baltimore  
Sophia Grant  
Plum Point  
Alexander Grant  
John Grant  
Plum Point  
Mary Le Jones  
No 17 or at it

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

511465

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30th. 1881
4. Place of Birth, (Street and Number) No 260 Arguith St.
5. Full Name of Mother, Emma Nicholson
6. Mother's Maiden Name, Emma Pilkington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Nicholson
9. Father's Occupation, Cass Meader Inspector
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. P. Butt
- Address, No. 185 L. E. cor. Central av. V. Monument St.
- Remarks, All well



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....  
 1. Sex, (state whether male or female) ..... Female  
 2. Race or Color, (if not of the white race) .....  
 3. Date of Birth, ..... Oct. 31  
 4. Place of Birth, (Street and Number) ..... 15 Somerset St.  
 5. Full Name of Mother, ..... Henri Matrone  
 6. Mother's Maiden Name, ..... Baldrison  
 7. Mother's Birthplace, ..... Germany  
 8. Full Name of Father, ..... Henry Matrone  
 9. Father's Occupation, ..... Taylor  
 10. Father's Birthplace, ..... Germany  
 Name of Medical Attendant, or other Person who makes this Return ..... Sarah Casper  
 Address, ..... 72 E. Lombard St.  
 Remarks, .....

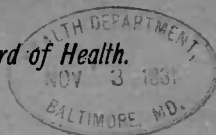
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct. 31st 1881*
4. Place of Birth (Street and Number) *1 Saulsbury Hly.*
5. Full Name of Mother *Luna Brown*
6. Mother's Maiden Name *Anna Fisher*
7. Mother's Birthplace *Kent County, Md.*
8. Full Name of Father *Elisha Brown*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Kent Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. L. Jackson*
- Address *1015 S. Broadway*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51471

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 31

4. Place of Birth, (Street and Number)

214 N. Hollist St

5. Full Name of Mother,

Eliza Albright

6. Mother's Maiden Name,

Bryce

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. W. Albright

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Atwell

Address, 286 N. Toney St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

Oct 31 at 81

4. Place of Birth, (Street and Number) .....

Johnson st. near father albc. boys church

5. Full Name of Mother, .....

Mary Ripple

6. Mother's Maiden Name, .....

Eric

7. Mother's Birthplace, .....

America

8. Full Name of Father, .....

Leonhardt Ripple

9. Father's Occupation, .....

Porter

10. Father's Birthplace, .....

America

Name of Medical Attendant, or other Person who makes this Return

J. Lehwass midwife

Address, .....

330 Hanover st

Remarks, .....

the above House has no number.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

6th  
Female  
White

Oct. 3/81.  
No. 38 Argyle Avenue  
Annie Maria O. Christhill  
Gill.

Balto. City, Md.  
Henry B. Christhill  
Commission Merchant

Balto. City, Md.  
Louis M. Knight M.D.  
112 N. Greene

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51474

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 31<sup>st</sup> 1881
4. Place of Birth (Street and Number) Vine St No 36 Baltimore
5. Full Name of Mother Mary Colbon
6. Mother's Maiden Name Mary Ames
7. Mother's Birthplace Eastern shore
8. Full Name of Father Alfred Colbon
9. Father's Occupation Sailor
10. Father's Birthplace Eastern shore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51475

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 31/81*
4. Place of Birth, (Street and Number) *331 Cantonment*
5. Full Name of Mother, *Mary Reis*
6. Mother's Maiden Name, *Reck*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Reis*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kraft*
- Address, *236 Canton*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 31<sup>st</sup> 1881
4. Place of Birth, (Street and Number) 321 John St.
5. Full Name of Mother, Cara McCubburn
6. Mother's Maiden Name, Cara A. Palmer
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles W. McCubburn
9. Father's Occupation, Dyer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Harry Walter
- Address, 25 Caroline St.
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 31 1881. 9.50 AM. J.H.*
4. Place of Birth (Street and Number) *Baltimore Balas 180*
5. Full Name of Mother *Elizabeth Enghou*
6. Mother's Maiden Name *Elizabeth Brun*
7. Mother's Birthplace *Ennthouse Germany*
8. Full Name of Father *John Enghou*
9. Father's Occupation *Butler*
10. Father's Birthplace *Ennthouse Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Green*
- Address *466 North Gay St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 31<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *60 Harrison st.*
5. Full Name of Mother, *Belle Buckner*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *John Buckner*
9. Father's Occupation, *Store keeper*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. Bernstein*
- Address, *113 C. Lombard st.*
- Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 31 Oct.
4. Place of Birth, (Street and Number) Phigott Alley
5. Full Name of Mother, Fredericke Siebert
6. Mother's Maiden Name, Wilk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. Siebert
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sophia Simon
- Address, 15 70 Grand St
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57450

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 31 October

4. Place of Birth (Street and Number) No. 5 Chappel St

5. Full Name of Mother Mary Rickerson

6. Mother's Maiden Name Mary Poling

7. Mother's Birthplace Balti.

8. Full Name of Father Wm. T. Rickerson

9. Father's Occupation Oyster Dealer.

10. Father's Birthplace England.

Name of Medical Attendant, or other Person who making this Return Mrs. Janice A. G. Overton

Address No 390 N. Washington St.

Remarks healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of the mother of such child or children.

# RETURN OF A BIRTH

51481

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 9th 1881*
4. Place of Birth, (Street and Number) *333 Low St.*
5. Full Name of Mother, *Fanny Levin*
6. Mother's Maiden Name, *For*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Levin*
9. Father's Occupation, *Redder*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. C. Bernstein*
- Address, *113 C. Lombard St.*
- Remarks,

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ch.
- Sex (state whether male or female) \_\_\_\_\_
  - Race or Color, (if not of the white race) W
  - Date of Birth Oct 31 1881
  - Place of Birth, (Street and Number) 49 Courtland
  - Full Name of Mother Margaret Core
  - Mother's Maiden Name Margt. Hutton
  - Mother's Birthplace Baltimore
  - Full Name of Father Wm W. Core
  - Father's Occupation Clerk
  - Father's Birthplace Baltimore
  - Name of Medical Attendant, or other Person who makes this return. J. H. Patterson M.D.
  - Address 27 Franklin
  - Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51453

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 31st 1881*
4. Place of Birth (Street and Number) *286. Ann St. Balt.*
5. Full Name of Mother *Rosa Belle Sparklin*
6. Mother's Maiden Name *Trice*
7. Mother's Birthplace *Prince George's Co.*
8. Full Name of Father *Jacob Charles Sparklin*
9. Father's Occupation *Wood Sawyer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Patricia Plaine - Midwife*
- Address *133. Wilkes St. Balt.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *65*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Oct 31 1881*
4. Place of Birth, (Street and Number) *No 149 S Washington st*
5. Full Name of Mother *Elizabeth Weir*
6. Mother's Maiden Name *Elizabeth Heagle*
7. Mother's Birthplace *Waco Tex*
8. Full Name of Father *Jacob Weir*
9. Father's Occupation *School Teacher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Irene Fertleger*
- Address *182 E Monument St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child 31. 1881

W. Griffith No 5

Mathias Schermer

Haydward

Balt.

Heinrich Schermer

Taler

Balt.

Dr. J. P. K. K. K.

W. Griffith No 5

under

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51486

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Female  
W  
Oct 31 1881  
22 Bartlett  
Emma Wolf  
a Sullivan  
Accomac Co Va  
Nicholas Sullivan

Howard Lee M.D.  
Jno S. Sullivan

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden names of the mother of such child or children.

# RETURN OF A BIRTH

51487

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Oct 31<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *125 Edmondson St. Balt Ind*
5. Full Name of Mother, *Mamie Irene Love*
6. Mother's Maiden Name, *Will*
7. Mother's Birthplace, *Williamsport Pa*
8. Full Name of Father, *John Whitfield*
9. Father's Occupation, *Merchant Late a Practising Physician*
10. Father's Birthplace, *York Co Pa*
- Name of Medical Attendant, or other Person who makes this return. *W. H. Lee M.D.*
- Address, *172 W. Carey St. Baltimore*
- Remarks, *Baltimore*

# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>ed</sup>*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *October 31<sup>st</sup> 1881*  
4. Place of Birth, (Street and Number) *No 256 E. Eager St.*  
5. Full Name of Mother, *Doraphina Bichter*  
6. Mother's Maiden Name, *Doraphina Althellwig*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Henry Bichter*  
9. Father's Occupation, *Tanner*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butt*  
Address, *No. 185 E. Cor. Central av. & Monument St.*  
Remarks, *All Well*

51488

1117

0-68971-1

0-9876543210

[illegible][illegible]

0-68971-0

**0-6987**

[illegible]

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[illegible][illegible]

0-6987-1

[illegible][illegible][illegible]

0-6879-1

[illegible]

# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>ed</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *October 31<sup>st</sup> 1881*  
 4. Place of Birth, (Street and Number) *No 256 E. Eager St.*  
 5. Full Name of Mother, *Dorothea Bichter*  
 6. Mother's Maiden Name, *Dorothea Kelling*  
 7. Mother's Birthplace, *Germany*  
 8. Full Name of Father, *Henry Bichter*  
 9. Father's Occupation, *Tanner*  
 10. Father's Birthplace, *Germany*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Pratt*  
 Address, *No. 185 S.E. cor. Central av. Y Monument St.*  
 Remarks, *All Well*

51488



Direct Reentry of Dual Nationals to the City of Baltimore

That any physician, doctor, nurse, midwife, or other person in charge who shall attend said orphan at the birth of any child, or who may be called upon by the registrar to visit him as thereafter stated, shall report to the registrar, before the date of such report, his sex, color of the child or children born, its or their physical condition, whether slave-born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child.

child or children.

49

100



1

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 13-1891.*  
 4. Place of Birth (Street and Number) *175 N. Carrollton Ave.*  
 5. Full Name of Mother *Sallie B. Gover*  
 6. Mother's Maiden Name *Bailey*  
 7. Mother's Birthplace *Thomasville, Ga.*  
 8. Full Name of Father *Jesse G. Gover*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Watford, Va.*  
 Name of Medical Attendant, or other Person who makes this Return. *John B. King, M.D.*  
 Address *215 Carrollton Ave.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31491

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 17<sup>th</sup> 7<sup>30</sup> P.M. 1881*
4. Place of Birth (Street and Number) *367 Gaithe Ave*
5. Full Name of Mother *Mary Ellen Murray*
6. Mother's Maiden Name *M. E.*
7. Mother's Birthplace *Ukraine*
8. Full Name of Father *John Murray*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *James E. Darnall M.D.*

Address *277 E. Baltimore St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31492

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20. 6 A.M. 1881*
4. Place of Birth (Street and Number) *210 N. Leadenhall St.*
5. Full Name of Mother *Virginia P. McLean*
6. Mother's Maiden Name *J. P. Ponder*
7. Mother's Birthplace *London, Md.*
8. Full Name of Father *Wm. Jackson McLean*
9. Father's Occupation *Croaker & Son's Coal Commission Merchant*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Annelle*
- Address *299 E. Balth. St.*
- Remarks

**Rec. Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 20*
4. Place of Birth (Street and Number) *20 E. Green St.*
5. Full Name of Mother *Ann M. Giffen*
6. Mother's Maiden Name *M. Margaret Johnson*
7. Mother's Birthplace *Cal'd. Md.*
8. Full Name of Father *Wm. G. Giffen*
9. Father's Occupation *clerk*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Minville M.D.*
- Address *77 E. Baltimore St.*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51494

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Oct.

4. Place of Birth, (Street and Number) 26 E. Biddle

5. Full Name of Mother, Maria Lee

6. Mother's Maiden Name, Maree

7. Mother's Birthplace, Germany

8. Full Name of Father, William Lee

9. Father's Occupation, Saloon

10. Father's Birthplace, Germany

Name of Medical Attendant, Josephine Hamrad  
or other Person who makes this Return

Address, 120 Morris St.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *Oct 21 1892*

4. Place of Birth (Street and Number) *123 E. St.*

5. Full Name of Mother *Eliza Mary Stanley*

6. Mother's Maiden Name *Eliza M. Collins*

7. Mother's Birthplace *Calif. City*

8. Full Name of Father *John H. Stanley*

9. Father's Occupation *Good Dealer*

10. Father's Birthplace *Balti. City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. C. J. M. M.*

Address *277 E. Balto. St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 31*
4. Place of Birth, (Street and Number) *Charles St*
5. Full Name of Mother, *Mary Sheekels*
6. Mother's Maiden Name, *Mary West*
7. Mother's Birthplace, *Baltimore county*
8. Full Name of Father, *Ben Sheekels*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Helimine Smith*
- Address, *396 Sharp St*
- Remarks, *South*



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31497

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *Seventh*  
 1. Sex, (state whether male or female) ..... *Female*  
 2. Race or Color, (if not of the white race) ..... *White*  
 3. Date of Birth, ..... *Nov 1st*  
 4. Place of Birth, (Street and Number) ..... *27 Hillman St*  
 5. Full Name of Mother, ..... *Mary Kahan*  
 6. Mother's Maiden Name, ..... *Mary Morwood*  
 7. Mother's Birthplace, ..... *Baltimore Md*  
 8. Full Name of Father, ..... *Cornelius Kahan*  
 9. Father's Occupation, ..... *Line Dept Engineer*  
 10. Father's Birthplace, ..... *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return ..... *Silas N Hunter M.D.*  
 Address ..... *36 Greenmount Ave*  
 Remarks .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 1<sup>st</sup> 1881

4. Place of Birth, (Street and Number)

74 Lee St.

5. Full Name of Mother

Urella v. De Grange  
Williamson

6. Mother's Maiden Name

De

7. Mother's Birthplace

D. W. F. De Grange

8. Full Name of Father

R. Rooder

9. Father's Occupation

Med

10. Father's Birthplace

R. Rooder

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Barnard

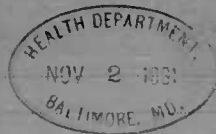
Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *4th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 1st 1881*
4. Place of Birth, (Street and Number) *No 89 Pierce St*
5. Full Name of Mother, *Mary Francis Davis*
6. Mother's Maiden Name, *Burgess*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Nicholas Davis*
9. Father's Occupation, *Cochman*
10. Father's Birthplace, *Frederick County*
- Name of Medical Attendant, *Charles E. Wingo M.D.*  
or other Person who makes this Return
- Address, *224 Saratoga St*
- Remarks,

Enforce Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 1<sup>st</sup> 1881*

4. Place of Birth, (Street and Number) *No 116 East Ave*

5. Full Name of Mother, *Maggie Peters*

6. Mother's Maiden Name, *Maggie Paner*

7. Mother's Birthplace, *Balt city and*

8. Full Name of Father, *John Peters*

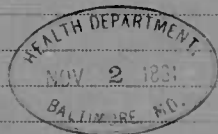
9. Father's Occupation, *Car driver*

10. Father's Birthplace, *Balt city and*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Hinton*

Address, *No 666 South Charles St*

Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51507

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 1, 1891.
4. Place of Birth, (Street and Number) No. 26 Byrd St. Balts. Md.
5. Full Name of Mother, Sarah Tolson
6. Mother's Maiden Name, Sarah Collins.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Tolson.
9. Father's Occupation, Barber Maker.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Spach.
- Address, 107 Johnson St.
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51502

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



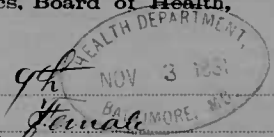
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *Nov. 1, 1881*
4. Place of Birth, (Street and Number) *No. 7 Johnson St. Balt. Md.*
5. Full Name of Mother, *Louisa Travers.*
6. Mother's Maiden Name, *Louisa Tanner.*
7. Mother's Birthplace, *Calvert Co. Md.*
8. Full Name of Father, *John Travers.*
9. Father's Occupation, *Booker*
10. Father's Birthplace, *Dorchester Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Tash.*
- Address, *137 Johnson St. Balt. Md.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51303

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 9th
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Oct. November 1st 81
4. Place of Birth, (Street and Number) ..... # 14 Sterling St
5. Full Name of Mother, ..... Mary Allbrecht,
6. Mother's Maiden Name, ..... " Leckner
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Ennoth. Allbrecht.
9. Father's Occupation, ..... Cabinet maker
10. Father's Birthplace, ..... Kmo - Leckner.
- Name of Medical Attendant, or other Person who makes this Return ..... Mary Koch
- Address, ..... # 328 51 Eutan St
- Remarks, .....

## 515011

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "OCT 3 1881" is stamped. The stamp is slightly faded and has a textured appearance.

*Journal of Management Education* 30(6)

1. Sex, (state whether male or female).....  
 2. Race or Color, (if not of the white race).....  
 3. Date of Birth,..... Nov. 1, 1881  
 4. Place of Birth, (Street and Number)..... W. Marschenstr. No. 150  
 5. Full Name of Mother,..... Theresia Schaefer  
 6. Mother's Maiden Name,..... Spach  
 7. Mother's Birthplace,..... Prussia  
 8. Full Name of Father,..... Carl Springer  
 9. Father's Occupation,..... Steinhauer  
 10. Father's Birthplace,..... Prussia  
 Name of Medical Attendant, or other Person who makes this Return,..... Dr. G. Traubert  
 Address,..... Markt, No. 14  
 Remarks,.....



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 1 1891*
4. Place of Birth, (Street and Number) *334 E. Monument St.*
5. Full Name of Mother, *Emilie (Emelia) Berger*
6. Mother's Maiden Name, *(Emelia Setzger) Emilie Metzger*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Adam Berger*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary Katter*
- Address, *125 N. Caroline St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..
2. Race or Color, (if not of the white race)
3. Date of Birth, ...
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Sixth*  
*Female*  
*White*  
*Nov 1st 1881*  
*138 S Paca St*  
*Mary Le Warfield*  
*Leinhtenn*  
*Baltimore*  
*J Keirans Warfield*  
*Book Keeper*  
*Baltimore*  
*Oliver Le Price M.D.*  
*262 Madison Ave*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51507

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 1*
4. Place of Birth (Street and Number) *Baltimore Monument St. 111*
5. Full Name of Mother *Allice Chase*
6. Mother's Maiden Name *Allice Ash*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Richardson Chase*
9. Father's Occupation *Doctor*
10. Father's Birthplace *Europe*
- Name of Medical Attendant, or other Person who makes this return *Allice Chase*
- Address *Widley St. Baltimore*
- Remarks *See*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1, 1881

4. Place of Birth, (Street and Number) Holliday St. No 110.

5. Full Name of Mother, Margaretha Beste.

6. Mother's Maiden Name, Margaretha Lausele

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hermann Beste

9. Father's Occupation, Baker

10. Father's Birthplace, Hanover, N. Brunswick, Germany

Name of Medical Attendant, or other person who makes this return Mary E. Shiller

Address, 110 Holliday St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51509

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 1st 81

4. Place of Birth, (Street and Number)

10 121 Leadenhall st

5. Full Name of Mother,

Lina Richardt  
Stembach

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Anton Richardt

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this return

J. Thomas, Jr midwife  
330 Hanover st

Address,

Remarks,

## 57571

HEALTH DEPARTMENT  
BALTIMORE

Name of Child: Charles Oliver O'Donnell March 2, 1911  
 City: Baltimore City  
 State: Md.  
 Age: 2  
 Sex: M  
 Race: W  
 Religion: C  
 Occupation: None  
 Name of Mother: Elizabeth O'Donnell  
 Name of Father: John O'Donnell  
 Name of Doctor: Dr. J. H. Smith  
 Name of Nurse: Miss M. J. Smith  
 Name of Midwife: Miss M. J. Smith  
 Name of Physician: Dr. J. H. Smith  
 Name of Surgeon: Dr. J. H. Smith  
 Name of Obstetrician: Dr. J. H. Smith  
 Name of Gynecologist: Dr. J. H. Smith  
 Name of Urologist: Dr. J. H. Smith  
 Name of Ophthalmologist: Dr. J. H. Smith  
 Name of Otologist: Dr. J. H. Smith  
 Name of Rhinologist: Dr. J. H. Smith  
 Name of Laryngologist: Dr. J. H. Smith  
 Name of Dermatologist: Dr. J. H. Smith  
 Name of Syphilologist: Dr. J. H. Smith  
 Name of Venereologist: Dr. J. H. Smith  
 Name of Pathologist: Dr. J. H. Smith  
 Name of Microscopist: Dr. J. H. Smith  
 Name of Radiologist: Dr. J. H. Smith  
 Name of X-ray: Dr. J. H. Smith  
 Name of Electrician: Dr. J. H. Smith  
 Name of Chemist: Dr. J. H. Smith  
 Name of Biologist: Dr. J. H. Smith  
 Name of Geologist: Dr. J. H. Smith  
 Name of Astronomer: Dr. J. H. Smith  
 Name of Meteorologist: Dr. J. H. Smith  
 Name of Zoologist: Dr. J. H. Smith  
 Name of Botanist: Dr. J. H. Smith  
 Name of Mineralogist: Dr. J. H. Smith  
 Name of Metallurgist: Dr. J. H. Smith  
 Name of Ceramicist: Dr. J. H. Smith  
 Name of Glassmaker: Dr. J. H. Smith  
 Name of Pottery: Dr. J. H. Smith  
 Name of Jeweler: Dr. J. H. Smith  
 Name of Watchmaker: Dr. J. H. Smith  
 Name of Clockmaker: Dr. J. H. Smith  
 Name of Carpenter: Dr. J. H. Smith  
 Name of Joiner: Dr. J. H. Smith  
 Name of Cabinetmaker: Dr. J. H. Smith  
 Name of Upholsterer: Dr. J. H. Smith  
 Name of Tailor: Dr. J. H. Smith  
 Name of Dressmaker: Dr. J. H. Smith  
 Name of Shoemaker: Dr. J. H. Smith  
 Name of Hatter: Dr. J. H. Smith  
 Name of Furrier: Dr. J. H. Smith  
 Name of Perfumier: Dr. J. H. Smith  
 Name of Soapmaker: Dr. J. H. Smith  
 Name of Candlemaker: Dr. J. H. Smith  
 Name of Papermaker: Dr. J. H. Smith  
 Name of Bookbinder: Dr. J. H. Smith  
 Name of Stationer: Dr. J. H. Smith  
 Name of Printer: Dr. J. H. Smith  
 Name of Publisher: Dr. J. H. Smith  
 Name of Editor: Dr. J. H. Smith  
 Name of Journalist: Dr. J. H. Smith  
 Name of Lawyer: Dr. J. H. Smith  
 Name of Doctor of Law: Dr. J. H. Smith  
 Name of Judge: Dr. J. H. Smith  
 Name of Magistrate: Dr. J. H. Smith  
 Name of Sheriff: Dr. J. H. Smith  
 Name of Constable: Dr. J. H. Smith  
 Name of Notary Public: Dr. J. H. Smith  
 Name of Clerk: Dr. J. H. Smith  
 Name of Secretary: Dr. J. H. Smith  
 Name of Treasurer: Dr. J. H. Smith  
 Name of Auditor: Dr. J. H. Smith  
 Name of Assessor: Dr. J. H. Smith  
 Name of Collector: Dr. J. H. Smith  
 Name of Taxpayer: Dr. J. H. Smith  
 Name of Voter: Dr. J. H. Smith  
 Name of Citizen: Dr. J. H. Smith  
 Name of Resident: Dr. J. H. Smith  
 Name of Inhabitant: Dr. J. H. Smith  
 Name of Dweller: Dr. J. H. Smith  
 Name of Occupant: Dr. J. H. Smith  
 Name of Possessor: Dr. J. H. Smith  
 Name of Owner: Dr. J. H. Smith  
 Name of Proprietor: Dr. J. H. Smith  
 Name of Manager: Dr. J. H. Smith  
 Name of Superintendent: Dr. J. H. Smith  
 Name of Foreman: Dr. J. H. Smith  
 Name of Headman: Dr. J. H. Smith  
 Name of Chief: Dr. J. H. Smith  
 Name of Boss: Dr. J. H. Smith  
 Name of Ruler: Dr. J. H. Smith  
 Name of Sovereign: Dr. J. H. Smith  
 Name of Monarch: Dr. J. H. Smith  
 Name of King: Dr. J. H. Smith  
 Name of Queen: Dr. J. H. Smith  
 Name of Prince: Dr. J. H. Smith  
 Name of Princess: Dr. J. H. Smith  
 Name of Duke: Dr. J. H. Smith  
 Name of Duchess: Dr. J. H. Smith  
 Name of Marquis: Dr. J. H. Smith  
 Name of Marchioness: Dr. J. H. Smith  
 Name of Count: Dr. J. H. Smith  
 Name of Countess: Dr. J. H. Smith  
 Name of Baron: Dr. J. H. Smith  
 Name of Baroness: Dr. J. H. Smith  
 Name of Viscount: Dr. J. H. Smith  
 Name of Viscountess: Dr. J. H. Smith  
 Name of Earl: Dr. J. H. Smith  
 Name of Countess: Dr. J. H. Smith  
 Name of Marquess: Dr. J. H. Smith  
 Name of Princess: Dr. J. H. Smith  
 Name of Queen: Dr. J. H. Smith  
 Name of King: Dr. J. H. Smith  
 Name of Emperor: Dr. J. H. Smith  
 Name of Empress: Dr. J. H. Smith  
 Name of Czar: Dr. J. H. Smith  
 Name of Czarina: Dr. J. H. Smith  
 Name of Sultan: Dr. J. H. Smith  
 Name of Sultana: Dr. J. H. Smith  
 Name of Shah: Dr. J. H. Smith  
 Name of Shahina: Dr. J. H. Smith  
 Name of Emir: Dr. J. H. Smith  
 Name of Emira: Dr. J. H. Smith  
 Name of Bey: Dr. J. H. Smith  
 Name of Beya: Dr. J. H. Smith  
 Name of Pasha: Dr. J. H. Smith  
 Name of Pashina: Dr. J. H. Smith  
 Name of Aga: Dr. J. H. Smith  
 Name of Agina: Dr. J. H. Smith  
 Name of Khan: Dr. J. H. Smith  
 Name of Khana: Dr. J. H. Smith  
 Name of Beg: Dr. J. H. Smith  
 Name of Begina: Dr. J. H. Smith  
 Name of Mulla: Dr. J. H. Smith  
 Name of Mullina: Dr. J. H. Smith  
 Name of Fakir: Dr. J. H. Smith  
 Name of Fakirina: Dr. J. H. Smith  
 Name of Dervish: Dr. J. H. Smith  
 Name of Dervishina: Dr. J. H. Smith  
 Name of Scribe: Dr. J. H. Smith  
 Name of Scribeina: Dr. J. H. Smith  
 Name of Clerk: Dr. J. H. Smith  
 Name of Clerkina: Dr. J. H. Smith  
 Name of Secretary: Dr. J. H. Smith  
 Name of Secretaryina: Dr. J. H. Smith  
 Name of Treasurer: Dr. J. H. Smith  
 Name of Treasurerina: Dr. J. H. Smith  
 Name of Auditor: Dr. J. H. Smith  
 Name of Auditorina: Dr. J. H. Smith  
 Name of Assessor: Dr. J. H. Smith  
 Name of Assessorina: Dr. J. H. Smith  
 Name of Collector: Dr. J. H. Smith  
 Name of Collectorina: Dr. J. H. Smith  
 Name of Taxpayer: Dr. J. H. Smith  
 Name of Taxpayerina: Dr. J. H. Smith  
 Name of Voter: Dr. J. H. Smith  
 Name of Voterina: Dr. J. H. Smith  
 Name of Citizen: Dr. J. H. Smith  
 Name of Citizenina: Dr. J. H. Smith  
 Name of Resident: Dr. J. H. Smith  
 Name of Residentina: Dr. J. H. Smith  
 Name of Inhabitant: Dr. J. H. Smith  
 Name of Inhabitantina: Dr. J. H. Smith  
 Name of Dweller: Dr. J. H. Smith  
 Name of Dwellerina: Dr. J. H. Smith  
 Name of Occupant: Dr. J. H. Smith  
 Name of Occupantina: Dr. J. H. Smith  
 Name of Possessor: Dr. J. H. Smith  
 Name of Possessorina: Dr. J. H. Smith  
 Name of Owner: Dr. J. H. Smith  
 Name of Ownerina: Dr. J. H. Smith  
 Name of Proprietor: Dr. J. H. Smith  
 Name of Proprietorina: Dr. J. H. Smith  
 Name of Manager: Dr. J. H. Smith  
 Name of Managerina: Dr. J. H. Smith  
 Name of Superintendent: Dr. J. H. Smith  
 Name of Superintendentina: Dr. J. H. Smith  
 Name of Foreman: Dr. J. H. Smith  
 Name of Foremanina: Dr. J. H. Smith  
 Name of Headman: Dr. J. H. Smith  
 Name of Headmanina: Dr. J. H. Smith  
 Name of Chief: Dr. J. H. Smith  
 Name of Chiefina: Dr. J. H. Smith  
 Name of Boss: Dr. J. H. Smith  
 Name of Bossina: Dr. J. H. Smith  
 Name of Ruler: Dr. J. H. Smith  
 Name of R

First

Mile

White

Nov. 18-1885

31 Mel-John Street

Oliver Doubtful Hall

Olda & Edw. Mackenzie

Baltimore

Charles H. Hall

Herzhaft

Goldtown - 100

W. F. O'Hilough

146 Park Ave

Remarks \_\_\_\_\_

That as soon as a child is born, the physician, midwife, nurse, or other person attending, assist or advise the mother to call on the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

81811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 1

4. Place of Birth, (Street and Number)

Arlington

5. Full Name of Mother,

Laura Walden

6. Mother's Maiden Name,

Laura M. Thomas

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Robt. Walden

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. M. Wilson

Address,

257 Mad. Ave.

Remarks,

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31512

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

15<sup>th</sup> Nov. 1881

4. Place of Birth, (Street and Number)

36 Henrietta

5. Full Name of Mother

Rietta Virginia Draney

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace

F. P. Draney

8. Full Name of Father

Mariner

9. Father's Occupation

Balt. Md.  
14 W. Melstap. Md.

10. Father's Birthplace

57 Barnet

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, midwife, or other person attending, assisting or advising at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any Physician, accoucheur, nurse, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *November 1st 1881*
4. Place of Birth, (Street and Number) *205 N. Front*
5. Full Name of Mother, *Henrietta Hubbard*
6. Mother's Maiden Name, *Robinson*
7. Mother's Birthplace, *Rockingham County Virginia*
8. Full Name of Father, *George W. Nelson*
9. Father's Occupation, *Ice manufacturing factory*
10. Father's Birthplace, *Alban Va. Virginia*
- Name of Medical Attendant, *or other Person who makes this Return.* *Henrietta Johnson*
- Address, *4 Hamilton St.*
- Remarks,

# RETURN OF A BIRTH

513111

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 1st 1881

4. Place of Birth, (Street and Number)

21 N. Fremont St

5. Full Name of Mother,

Ollie B. Graves

6. Mother's Maiden Name,

Ollie B. Grimes

7. Mother's Birthplace,

Pa. Md

8. Full Name of Father,

Geo. L. Travis

9. Father's Occupation,

Ship Broker & Commission Merchant

10. Father's Birthplace,

Pa. Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address,

446 N. Main St

Remarks,

of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



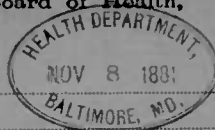
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *2 Nov 1881*
4. Place of Birth, (Street and Number) *130 Orleans St.*
5. Full Name of Mother, *Louise Frederike Koehler*
6. Mother's Maiden Name, *Fulton*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Henry E. F. Koehler*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Shinn*
- Address, *151 E. Pratt St*
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51316

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 18 1881*
4. Place of Birth, (Street and Number) *47 Bond Street*
5. Full Name of Mother, *William Weinstock*
6. Mother's Maiden Name, *Wood*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Weinstock*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H. H.*
- Address *118 Patterson St. B.*
- Remarks,

3

Fill in by physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 2nd 1881*

4. Place of Birth, (Street and Number) *No 8 Campbell St*

5. Full Name of Mother, *Annie Smith*

6. Mother's Maiden Name, *Annie Smith*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Smith*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Dr J. H. Smith*

Address, *375 E. Baltimore*

Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51518

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4. Place of Birth, (Street and Number)

183 North Calver St

5. Full Name of Mother,

Loda Schrick

6. Mother's Maiden Name,

Loda Schrick

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Schrick

9. Father's Occupation,

Wine Manufacturing

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Schrick

Address,

75 Prince

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parenta, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51519

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- Sex (state whether male or female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *Nov 2-1881*
- Place of Birth (Street and Number) *24, Hare St.*
- Full Name of Mother *Mary*
- Mother's Maiden Name *Howard*
- Mother's Birthplace *Ireland*
- Full Name of Father *William Murphy*
- Father's Occupation *Carriage Maker*
- Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *E. J. Williams M.D.*
- Address *23 E. Leop St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51520

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) wht
3. Date of Birth Nov. 2. 1881
4. Place of Birth (Street and Number) 218 Madison ave
5. Full Name of Mother Mary Jane Miller
6. Mother's Maiden Name " " Floyd.
7. Mother's Birthplace md
8. Full Name of Father George T Miller
9. Father's Occupation Merchant.
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill
- Address 129 W Biddle St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth Nov - 2, 1881
4. Place of Birth (Street and Number) 66 Maryland ave
5. Full Name of Mother Susannah Lebecky
6. Mother's Maiden Name Sheridan
7. Mother's Birthplace md
8. Full Name of Father Charles T. Lebecky
9. Father's Occupation R.R. employe
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G Lane Daneyhill
- Address 129 W. Biddle St
- Remarks Pedious: 36 hours: instruments:  
no rupture of perineum - child & mother doing well

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51529

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

28 November 2nd 88

4. Place of Birth, (Street and Number)

356 McHenry St

5. Full Name of Mother,

Maggie K. Hall

6. Mother's Maiden Name,

W. G. Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James P. Kraft

9. Father's Occupation,

Ship

10. Father's Birthplace,

Baltimore

Names of Medical Attendant, or other Person who makes this Return

Mary A. C. C. C. C.

Address

356 McHenry St

Remarks

at any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 2 1881

4. Place of Birth, (Street and Number)

149 S. Sharp St

5. Full Name of Mother,

Emma Claborn

6. Mother's Maiden Name,

Emma Albough

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. H. C. Cassen

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. L. L. L.

Address

12 W. L. L. L.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 9
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... November 2, 1881
4. Place of Birth, (Street and Number) 45 Little St. & Elders St.
5. Full Name of Mother, Rosener Thompson
6. Mother's Maiden Name, Rosener Anderson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Thompson
9. Father's Occupation, Press feeder
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mary White
- Address, 125 N. Caroline St.
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 2<sup>nd</sup> 1881*
4. Place of Birth, (Street and Number) *Randall St No 94*
5. Full Name of Mother, *Deborah Carroll*
6. Mother's Maiden Name, *Deborah Carroll*
7. Mother's Birthplace, *Balt city md*
8. Full Name of Father, *John Fischer*
9. Father's Occupation, *clocksmith*
10. Father's Birthplace, *Eastern Shore of md*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Winton*
- Address, *No 666 North Charles St*
- Remarks,

\* That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, November the 2, 1881,
  4. Place of Birth, (Street and Number) Butcher Laubus in Central St. W. L. L. St. no number
  5. Full Name of Mother, Catharine Harper
  6. Mother's Maiden Name, Catharine Wagner
  7. Mother's Birthplace, Wippenheim, Gr. Baden, Germany
  8. Full Name of Father, Martin May Jr.
  9. Father's Occupation, Butcher
  10. Father's Birthplace, Eckhardtshausen, N. Sachsen, Germany
- Name of Medical Attendant, or other Person who makes this Report Mary E. Miller
- Address, W. Dallas St. No. 26.
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 2<sup>nd</sup> 1881

4. Place of Birth, (Street and Number)

Baltimore Stockholand st #674

5. Full Name of Mother,

Mary Ann Hous

6. Mother's Maiden Name,

Mary Ann Meandoff

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Peter Hous

9. Father's Occupation,

Sealmer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs M. Shaffer

Address,

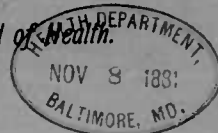
114 Ridgely st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *November 2<sup>nd</sup> 1881*  
 4. Place of Birth (Street and Number) *No 29 Dover st*  
 5. Full Name of Mother *Julie Allen*  
 6. Mother's Maiden Name *Julie Cook*  
 7. Mother's Birthplace *Baltimore Md.*  
 8. Full Name of Father *James Allen*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Sarah Jones*  
 Address *No. 146 Charles St*  
 Remarks

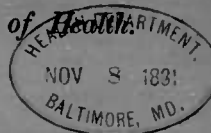


at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physician in addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51529

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. 2d Child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth November 2nd
4. Place of Birth, (Street and Number) Baltimore, Fort Avenue 126
5. Full Name of Mother Margaret She
6. Mother's Maiden Name Margaret Waters
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas She
9. Father's Occupation Labrer
10. Father's Birthplace Annapolis
- Name of Medical Attendant, or other Person who makes this Return. Mr. Donaldson
- Address 452 Fort Avenue
- Remarks Mother and child are doing well.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2nd 1881
4. Place of Birth, (Street and Number) Bedford Alley
5. Full Name of Mother, Amelia Britton Hitzig
6. Mother's Maiden Name, Amelia Britton
7. Mother's Birthplace, Berlin Prussia
8. Full Name of Father, Henry Hitzig
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes the Return Mrs Mary E. Loring
- Address, 171 N. Washington Street
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 51531
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 2nd 81
4. Place of Birth (Street and Number) No 516 S. Calver St
5. Full Name of Mother Charlotte Brown
6. Mother's Maiden Name " Lewis
7. Mother's Birthplace City
8. Full Name of Father Joe Brown
9. Father's Occupation Teamster
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. J. C. Bunch
- Address 151 S. Hancock St
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51532

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



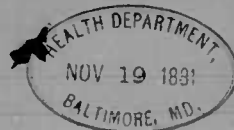
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3<sup>rd</sup>
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... November 2<sup>nd</sup> 89
4. Place of Birth, (Street and Number) ..... 354<sup>1</sup>/<sub>2</sub> Eastern St.
5. Full Name of Mother, ..... Mary Schaefer
6. Mother's Maiden Name, ..... Wicklein
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Martin Schaefer
9. Father's Occupation, ..... Machinist
10. Father's Birthplace, ..... Hesse Darmstadt, Germany
- Name of Medical Attendant, or other Person who makes this return ..... Mary Kroh
- Address, ..... 328<sup>1</sup>/<sub>2</sub> Eastern St.
- Remarks, .....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51533

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Girl  
White

2. Race or Color, (if not of the white race)

No. 2

3. Date of Birth,

4. Place of Birth, (Street and Number)

161 W. Lombard (Maternity)

5. Full Name of Mother,

Amy S. Hayes

6. Mother's Maiden Name,

Amy S. Hayes

7. Mother's Birthplace,

Bucke

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. L. Bitting M.D.

Address,

161 W. Lombard

Remarks,

L. O. I. N. Left lateral laceration  
Occur - Illegitimate

I, the City Physician, second-clerk, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10<sup>th</sup> Child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 2<sup>d</sup> 1881

4. Place of Birth, (Street and Number)

142. S. Fremont St.

5. Full Name of Mother,

Barbara Schuler.

6. Mother's Maiden Name,

Rusk.

7. Mother's Birthplace,

Balti. City

8. Full Name of Father,

John Schuler -

9. Father's Occupation,

Tobacco merchant.

10. Father's Birthplace,

Balti City -

Name of Medical Attendant, or other Person who makes this Return

W. J. N. Tall, M.D.

Address.

15 E. Sharp St.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd

Male

Cal.

Nov. 3rd 1881

50 W. Caroline St.

Clara C. Cooper

Clara C. Black

Frederick Co. Md.

Joseph H. Cooper

Carpenter

Bald Md.

Geo. L. Whitman

77 S. Broadway

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the matric name of the mother of such child or children."

# RETURN OF A BIRTH

31536

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 3rd 1881
4. Place of Birth, (Street and Number) No 64 Frost Ave
5. Full Name of Mother, Annie Fleming
6. Mother's Maiden Name, Annie Wolf
7. Mother's Birthplace, Frederic Co. Md
8. Full Name of Father, William Fleming
9. Father's Occupation, Engineer on D. B. & O. R. R.
10. Father's Birthplace, Frederic Co. Md
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton
- Address. No. 666 South Charles St
- Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first*  
 1. Sex (state whether Male or Female) *a Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Mar 3d*  
 4. Place of Birth (Street and Number) *Balt St. School St*  
 5. Full Name of Mother *Mrs Mary Ann*  
 6. Mother's Maiden Name *Mrs Clark*  
 7. Mother's Birthplace *Danvers, Va. I am married to Mr*  
 8. Full Name of Father *Mr Geo. Green*  
 9. Father's Occupation *a Cook By trade*  
 10. Father's Birthplace *N. K. S. Va. Pa*  
 Name of Medical Attendant, or other Person who makes this Return *Lavender Mid 22 St. School St*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51535

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 3<sup>rd</sup> 1881
4. Place of Birth, (Street and Number) No. 408 East Madison St
5. Full Name of Mother Mrs. Margaret Ellen Granuth
6. Mother's Maiden Name Mrs. Margaret A. Hartlove
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. William G. Granuth
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Lelandine M.D.
- Address No. 102 North Broadway
- Remarks \_\_\_\_\_

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 3, 1881*

4. Place of Birth, (Street and Number) *N. Spring St. N. 46*

5. Full Name of Mother, *Maria Pace*

6. Mother's Maiden Name, *Maria Miller*

7. Mother's Birthplace, *Baldwin Co.*

8. Full Name of Father, *Rever. Pace*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baldwin Co.*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *N. Dallas St. N. 26*

Remarks,

# RETURN OF A BIRTH

51340

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd of November 1881*
4. Place of Birth, (Street and Number) *93 North Washington street*
5. Full Name of Mother, *Maggie Grak*
6. Mother's Maiden Name, *Maggie Jager*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Jager*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chapel street per Justina Kunkel*
- Remarks, *Healthy*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31541

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 30 1881

4. Place of Birth (Street and Number)

127 Hill St.

5. Full Name of Mother

Mary Wiegand

6. Mother's Maiden Name

Brandt

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Conrad Wiegand

9. Father's Occupation

Fruit Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Pro. H. Smith

Address

313 S. Charles St.

Remarks

Nat. Deab.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



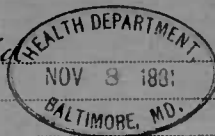
*Child 31542*  
Name of child: *Bertha T. Daum*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first (1)*  
1. Sex, (state whether male or female).... *female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *3<sup>rd</sup> November 1881*  
4. Place of Birth, (Street and Number) *350 Hamburg st*  
5. Full Name of Mother, *Lizzie Daum*  
6. Mother's Maiden Name, *Lizzie Sellman*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *John Daum*  
9. Father's Occupation, *Taylor*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Kunigunda Schlifer*  
Address, *20 Columbus st*  
Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



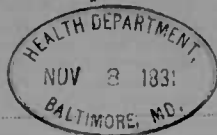
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 10 Sunday 1881*
4. Place of Birth, (Street and Number) *10 Dundas St.*
5. Full Name of Mother, *Theresa Everett*
6. Mother's Maiden Name, *Theresa [unclear] Jay*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard Everett*
9. Father's Occupation, *Saloon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. W. H. [unclear]*
- Address *1011 12 Patterson*
- Remarks *Park St.*

Just any physician, midwife, or other person in charge, who with solemn, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

575411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 3<sup>rd</sup> 1881*
4. Place of Birth, (Street and Number) *63 Center St*
5. Full Name of Mother, *Catharine Lee*
6. Mother's Maiden Name, *" Bond*
7. Mother's Birthplace, *St. Marys Co. Md*
8. Full Name of Father, *Benjamin F. Lee*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *St. Marys Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *4 Hamilton St*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 3rd of Nov. 1881
4. Place of Birth, (Street and Number) 42 Frederick St.
5. Full Name of Mother Mrs. Schiller
6. Mother's Maiden Name Miss Engel
7. Mother's Birthplace born in the City of Balt.
8. Full Name of Father Gottlieb F. Schiller
9. Father's Occupation Farmer
10. Father's Birthplace born in Frankfort Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Schiller
- Address 147 W. Pratt St.
- Remarks \_\_\_\_\_

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51546

To the Office of Registrar of Vital Statistics. Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov 3<sup>rd</sup> 1881*

4. Place of Birth, (Street and Number) *East Bank St Baltimore*

5. Full Name of Mother, *J. D. Hollinger*

6. Mother's Maiden Name, *J. D. Vogel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Hollinger*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mrs Mary E. Sissine  
171 S. Washington St*

Remarks,

\* That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51547

To the Office of Registrar of Vital Statistics. Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 3rd 1881
4. Place of Birth, (Street and Number) E. Canton Av
5. Full Name of Mother, Emma Svenson Rosendal
6. Mother's Maiden Name, Emma Svenson
7. Mother's Birthplace, Sweden
8. Full Name of Father, Alf Rosendal
9. Father's Occupation, Croft Maker
10. Father's Birthplace, Sweden
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary C. Simons
- Address, 171 2. Washington St
- Remarks, \_\_\_\_\_

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51548

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 3rd 1881

4. Place of Birth, (Street and Number)

361 Light St

5. Full Name of Mother,

Mary M. Cade

6. Mother's Maiden Name,

Mary A. Moffitt

7. Mother's Birthplace,

Jeunebourg

8. Full Name of Father,

John M. Cade

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Thomas Look MD

Address,

140 Sanson St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31549

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 60
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 3<sup>d</sup> 1881
4. Place of Birth, (Street and Number) Monument and Chapel st
5. Full Name of Mother Elizabeth Langezlock
6. Mother's Maiden Name Elizabeth Fantele
7. Mother's Birthplace Germany
8. Full Name of Father J. H. Langezlock
9. Father's Occupation Grocery & Food
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Anna Hillcoat
- Address No 182 E Monument A
- Remarks \_\_\_\_\_

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 of November

4. Place of Birth, (Street and Number) Canton St. No. 439

5. Full Name of Mother, Emma Oberg

6. Mother's Maiden Name, = Ribbel,

7. Mother's Birthplace, Berlin (Prussia)

8. Full Name of Father, John Oberg

9. Father's Occupation, Divider

10. Father's Birthplace, Bergen Russian

Name of Medical Attendant, or other person who makes this return. G. Behnken (Midwife)

Address, 20 East Street.

Remarks,

# RETURN OF A BIRTH

51551

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

eight

1. Sex, (state whether male or female)..

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

3<sup>d</sup> November 1881

4. Place of Birth, (Street and Number)

304 N Howard St. Balto

5. Full Name of Mother,

Mary Priesterjahn

6. Mother's Maiden Name,

Mary Wolf

7. Mother's Birthplace,

Minden, Germany

8. Full Name of Father,

Charles Priesterjahn

9. Father's Occupation,

Restaurant.

10. Father's Birthplace,

Hasselfelde, Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sommerfeld

Address,

Pennsylvania Ave. Balto

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51552

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

Mar 31/81

121 Hollins St

Ellen Kaufman

" Herr

Balt md

Jm Kaufman

Trunk Maker

Balt md

D. C. Spearman

387 N. Lombard St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 3rd 1881*

4. Place of Birth (Street and Number) *No 10 Water St*

5. Full Name of Mother *Elizabeth Matthews*

6. Mother's Maiden Name *Elizabeth Matthews*

7. Mother's Birthplace *Ohio*

8. Full Name of Father *James S. Warfield*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Howard Co.*

Name of Medical Attendant, or other Person who makes this Return. *Chas Rob MD*

Address *No 1 N Broadway Ave*

Remarks *Baltimore Md*

For any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *44*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) ..... *White*
3. Date of Birth, ..... *November 30 81*
4. Place of Birth, (Street and Number) ..... *# 20 China St.*
5. Full Name of Mother, ..... *L. Ackerman*
6. Mother's Maiden Name, ..... *" Westrich*
7. Mother's Birthplace, ..... *Bavaria.*
8. Full Name of Father, ..... *Henry Ackerman*
9. Father's Occupation, ..... *Grocery Dealer*
10. Father's Birthplace, ..... *Krueger*
- Name of Medical Attendant, or other Person who makes this Return ..... *Mary Koch*
- Address. .... *# 328 S. Eutan St*
- Remarks. ....

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51555

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



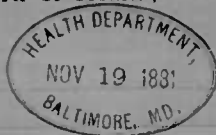
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 6th Nov. 1891
4. Place of Birth, (Street and Number) 22 Market Street
5. Full Name of Mother, Maggie Fisher
6. Mother's Maiden Name, For
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fisher
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return Charles Casper
- Address 22 E. Lombard St.
- Remarks \_\_\_\_\_

Before any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51556

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

Nov. 9 1881

4. Place of Birth, (Street and Number)

141 W. Lombard St.

5. Full Name of Mother, .....

Mary Rider

6. Mother's Maiden Name, .....

" "

7. Mother's Birthplace, .....

8. Full Name of Father, .....

William

9. Father's Occupation, .....

10. Father's Birthplace, .....

L. L. Betting M.D.  
Maternity Hospital  
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

R. O. Schut

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether ~~1st~~, 2nd, 3rd, &c.) *35*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 3, 1881*
4. Place of Birth (Street and Number) *26 Read Street*
5. Full Name of Mother... *Ellen Conway Poe*
6. Mother's Maiden Name *Ellen Conway*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Charles Poe*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. T. Howard, M. D.*
- Address *181 Madison Avenue*
- Remarks *Natural labor.*

## 51558

HEALTH DEPARTMENT.  
DEC 2 1891  
BALTIMORE, MD.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of each child or children."

2.

State.

Nov? 3.

No 95 Ridgely St

Waltham, N.Y.

Leatherine Throat.

Polio County

Henry A. Mudge.

Cabinet ...

Quelle l'été

*Birds of the Mammals*

1. *Lactuca scariola*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

31539

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov 23d*
4. Place of Birth, (Street and Number) *No 5 St Paul St*
5. Full Name of Mother, *Harriet Springman*
6. Mother's Maiden Name, *Raymond Withers*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Michael Linnell*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. H. H. H. H.*
- Address, *Box 5, H. H. H. H.*
- Remarks,

to be reported to the Registrar of Births, Deaths, and Marriages, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51560

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4  
Third  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

3<sup>rd</sup> November

4. Place of Birth, (Street and Number)

208 Henderson street contd

5. Full Name of Mother,

Ann R. Brewer

6. Mother's Maiden Name,

Ann. R. Campbell

7. Mother's Birthplace,

St Mary's Co. Md

8. Full Name of Father,

Thomas Edgar Brewer

9. Father's Occupation,

Waterman

10. Father's Birthplace,

St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sullivan

Address,

104 Curley st. contd

Remarks,



In any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51561

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of November 1881*
4. Place of Birth, (Street and Number) *Chester Street*
5. Full Name of Mother, *Silla Yan*
6. Mother's Maiden Name, *Silla Zink*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Richard Zink*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Lucretia Knobel*
- Address, *11 North Chapel Street for Lucretia Knobel*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51562

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(6)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 4th 38 Columbia st 1881*
4. Place of Birth, (Street and Number) *38 Columbia st*
5. Full Name of Mother, *Christiana Pfeffer*
6. Mother's Maiden Name, *Christiana Ermold*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Pfeffer*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

*Mrs. Minigunda Schlifer*

Address,

*20 Columbia st*

Remarks,

# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

5/5/3

HEALTH DEPARTMENT,  
NOV 8 1881  
BALTIMORE, MD.

24

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d. Number)
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do 18 Dalton et

of other persons who  
make this return.

do 17 Dalton et

Remarks:

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
- Sex, (state whether male or female) Male
  - Race or Color, (if not of the white race) White
  - Date of Birth, Nov 4<sup>th</sup> 1881
  - Place of Birth, (Street and Number) St. Chappel st.
  - Full Name of Mother, Lena Bishop Pinne
  - Mother's Maiden Name, Lena Bishop
  - Mother's Birthplace, Baltimore
  - Full Name of Father, Thomas Pinne
  - Father's Occupation, Laborer
  - Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary E. Pinne

Address, 171 Washington St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51565

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth November 4.
4. Place of Birth (Street and Number) Elting St. near Wilson
5. Full Name of Mother Elizabeth Williams
6. Mother's Maiden Name Elizabeth Smith
7. Mother's Birthplace City
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. A. Finley M.D.
- Address 386 W. H. St.
- Remarks \_\_\_\_\_

That noy Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51566

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 2 1881*
4. Place of Birth, (Street and Number) *44 Hamburg St.*
5. Full Name of Mother, *Martha Dayton*
6. Mother's Maiden Name, *Martha Thomas*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *Samuel Dayton*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Ind*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Betoble, M.D.*
- Address, *50 Hanan St.*
- Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Negro*

3. Date of Birth *Nov. 4th 1881*

4. Place of Birth (Street and Number) *No. 88 Moore al.*

5. Full Name of Mother *Annie Swann*

6. Mother's Maiden Name *" Smith-*

7. Mother's Birthplace *Frederick Co. Md.*

8. Full Name of Father *Henry Swann*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Frederick Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner*

Address *120 N. Greene St.*

Remarks *This child came to "full time" but was born dead from complicated labor.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

31568

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

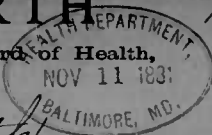


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov 4<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *407 Jackson St*
5. Full Name of Mother, *Medusa Slemaker*
6. Mother's Maiden Name, *Medusa Abaugh*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Chas E. Slemaker*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Ag. 10<sup>th</sup> Md*
- Name of Medical Attendant, or other Person who makes this Return *Herbert Look MD*
- Address, *146 N. Ave St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th 7 November 1881*
4. Place of Birth, (Street and Number) *7 Campbell St No 2*
5. Full Name of Mother, *Rosa Wonder*
6. Mother's Maiden Name, *Rosa Rury*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Wonder*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Seiback*
- Address, *No 2 Campbell*
- Remarks, *439 west Pratt St*

1. The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51570

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Golard
3. Date of Birth 4<sup>th</sup> of November
4. Place of Birth, (Street and Number) Ralorg Street No 99
5. Full Name of Mother Amanda Toomey
6. Mother's Maiden Name Amanda Booker
7. Mother's Birthplace Farmville Va
8. Full Name of Father Ethaniel Toomey
9. Father's Occupation Physician
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return.

Chrs Chary E Wallace

Address

at 113 Ralorg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21571

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

first female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 4<sup>th</sup>

4. Place of Birth (Street and Number)

Cor St Pauls + Biddle St  
Sidney Turner Swan  
Turner

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Donnel Swan

8. Full Name of Father

9. Father's Occupation

Baltimore

10. Father's Birthplace

Riggin Buckner  
135 N Charles St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51579

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



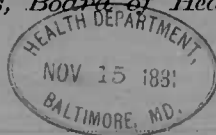
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *caucasian*
3. Date of Birth, *14 November 1891*
4. Place of Birth, (Street and Number) *Clara St. 45*
5. Full Name of Mother, *Maria Callia*
6. Mother's Maiden Name, *Maria Johnson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Michael Callia*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore street virginia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Miller*
- Address, *252 Thacker St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *November 4th 1881*
4. Place of Birth, (Street and Number) *20 Lenox St*
5. Full Name of Mother, *Georgiana Williams*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John William*
9. Father's Occupation, *Wagon-carrier*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *or other Person who makes this Return. A. William Johnson*

Address, *6 Franklin St*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st Dec 9th

4. Place of Birth, (Street and Number) Katie Street 43 E Lombard St

5. Full Name of Mother, Katie Grind

6. Mother's Maiden Name, Lu

7. Mother's Birthplace, Balt Md

8. Full Name of Father, George Grind

9. Father's Occupation, Driver

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12 E Lombard St

Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

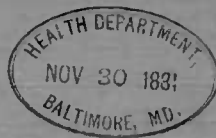
2  
1 The male  
White  
November the 4. 1881.  
69 Stricker St Baltimore  
Mary E. Kerr  
Mary E. Stiner  
Baltimore  
William Alexander Kerr  
Carpenter  
Baltimore  
Ward S. Hethcote  
142 Pratt St Baltimore



# RETURN OF A BIRTH

51576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 April

4. Place of Birth, (Street and Number)

Baltimore St 699

5. Full Name of Mother,

Elsie Minnie

6. Mother's Maiden Name,

Elsie Rosebush

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Minnie

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

Mrs. Dwyer

Address,

No. 66 Schaeffer St.

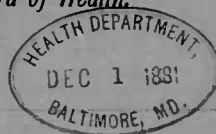
Remarks,

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Friday night Nov. 4th. 1881
4. Place of Birth (Street and Number) 108 E. Eager St.
5. Full Name of Mother Kate Whay
6. Mother's Maiden Name Kate McGraw.
7. Mother's Birthplace Ireland.
8. Full Name of Father John Whay
9. Father's Occupation Labourer.
10. Father's Birthplace Ireland.
- Name of Medical Attendant, or other Person who makes this Return. William Dintow, M.D.
- Address 25 1/2 Greenmount Ave.
- Remarks "Very Presentation"

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 4<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

No 254 S Bond str.

5. Full Name of Mother,

Anna Larsen

6. Mother's Maiden Name,

Karen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Johan Larsen

9. Father's Occupation,

Steward

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Peters

Address,

620 Park St

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51579

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 11
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Nov. 4 1881
4. Place of Birth, (Street and Number)..... St. Mary's 134
5. Full Name of Mother,..... Margarette Brown
6. Mother's Maiden Name,..... Schuchert
7. Mother's Birthplace,..... Balt.
8. Full Name of Father,..... Michael Brown
9. Father's Occupation,..... Carpenter
10. Father's Birthplace,..... Balt.
- Name of Medical Attendant, or other Person who makes this Return,..... Mr. John A. Knickerbocker
- Address,..... St. Mary's 134
- Remarks,.....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

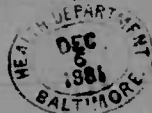


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51581

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 4<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

#40 Eastern Ave

5. Full Name of Mother,

Clara Scheppard

6. Mother's Maiden Name,

..... Luckefer

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

William Scheppard

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise C. Knapp

Address,

#325 Canton Ave

Remarks,

At any person, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51582

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 10, 1901*
4. Place of Birth, (Street and Number) *Hanford St., No. 586.*
5. Full Name of Mother, *Georgiana Shields*
6. Mother's Maiden Name, *Georgiana Barnes*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William T. Shields*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return* *Mary E. Muller*

Address, *11 Dallas St., No. 20,*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51513

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth,
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name,
  7. Mother's Birthplace,
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,

Seventeenth

Male

White

November 5th 1881

Cannon Street, Alixanna,

Lena Marshuck

Lena Link

Germany

Adam Marshuck

Carpenter

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Carcott

Address,

No. 65 Burke St

Remarks,



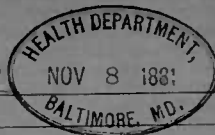
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51584

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 5 1881
4. Place of Birth, (Street and Number) No 242 West Center
5. Full Name of Mother Louisa M. Wick
6. Mother's Maiden Name Louisa Parr
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Parr
9. Father's Occupation Taylor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Tarter
- Address 173 St. Asaph St.
- Remarks 173 St. Asaph St.

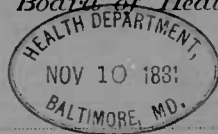
1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 2 1881

4. Place of Birth, (Street and Number) No 512 Wabash Street

5. Full Name of Mother, Ida Traufe

6. Mother's Maiden Name, Ida Kohna

7. Mother's Birthplace, Hannover Germany

8. Full Name of Father, Henry Traufe

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hannover

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Schmidt N. 512 Wabash

Address, ..

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57586

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov - 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 189 W German St
5. Full Name of Mother M. C. Mahleis
6. Mother's Maiden Name M. C. Dover
7. Mother's Birthplace W. Va.
8. Full Name of Father J. W. Mahleis
9. Father's Occupation Farmer & Truck Driver
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Henry Halliday
- Address 182 1/2 Monument St
- Remarks

51587

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or raise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- 10 mi  
 Nov 3/87  
 293 Running in  
 Sarah Burke  
 Grace  
 Howard Co Mo  
 Amy Burke  
 John Macen  
 Germany  
 H. W. 8/10  
 H. W. 8/10  
 387 W. Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

57588

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) N<sup>o</sup> 196 Fort Ave
5. Full Name of Mother Emma G. Schmick
6. Mother's Maiden Name Emma G. Bruff
7. Mother's Birthplace Baltimore
8. Full Name of Father Philipp Schmick
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Thermany
- Address N<sup>o</sup> 18 Byrd street
- Remarks \_\_\_\_\_

Fill in any pay man, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51589

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 5th*
4. Place of Birth, (Street and Number) *No 277 Bank St.*
5. Full Name of Mother, *Mary Augustine Schultz*
6. Mother's Maiden Name, *Baile*
7. Mother's Birthplace, *Germany (Hamburg)*
8. Full Name of Father, *G. J. Henry Schultz*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Hamburg Germany*
- Name of Medical Attendant, or other Person who makes this Return *Vis M. G. L. G.*
- Address, *2516 Patterson*
- Remarks, *Charles*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51591

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *Second*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *5th September November*
4. Place of Birth, (Street and Number) ..... *Ch. 330 Canton St.*
5. Full Name of Mother, ..... *Annie L. Gray*
6. Mother's Maiden Name, ..... *Annex Keen*
7. Mother's Birthplace, ..... *Baltimore County*
8. Full Name of Father, ..... *James H. Gray*
9. Father's Occupation, ..... *Laborer*
10. Father's Birthplace, ..... *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return ..... *Dr. Wiley*
- Address ..... *1412 Baltimore Park*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 5/81

4. Place of Birth (Street and Number)

302 N. Gay St

5. Full Name of Mother

M. Rosa Cohen

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Isaac Cohen

9. Father's Occupation

Herschel Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. Bronsman M.D.

Address

145 Chesapeake St

Remarks

Child well developed and healthy



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. Child*  
*Female.*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *November. 5<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *No 6. Brooke. St.*
5. Full Name of Mother, *Katy Fehn*
6. Mother's Maiden Name, *" " Kuhn.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wiliams Fehn.*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *Anne Lindner.*
- Address, *No 45 S. Monroe St.*
- Remarks, .....

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51593

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5th 89

4. Place of Birth, (Street and Number) # 387 Scott St.

5. Full Name of Mother, Ella Brunning

6. Mother's Maiden Name, Spaff. Spaff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Brunning

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Hook

Address, # 328 S. Eutan St.

Remarks,

Put any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 5th 1881*
4. Place of Birth, (Street and Number) *224 Pierce St.*
5. Full Name of Mother, *Lucy M. Little*
6. Mother's Maiden Name, *Lucy M. Wheeler*
7. Mother's Birthplace, *Spotsylvania County, Va*
8. Full Name of Father, *William Little*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, *Virginia Wheeler*  
or other Person who makes this Return.
- Address, *Health Department Bal City*
- Remarks,

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



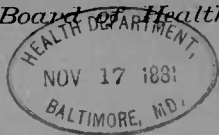
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 5<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No. 40 Marvill St
5. Full Name of Mother Mary Michael
6. Mother's Maiden Name Mary Tantz
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Crapsteen Michael
9. Father's Occupation Black
10. Father's Birthplace Annapolis, Maryland
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address No. 57 Franklin St
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31596

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex, (state whether male or female) male
  2. Race or Color, (if not of the white race) Jewish
  3. Date of Birth, 5 November
  4. Place of Birth, (Street and Number) 26 Harrison street
  5. Full Name of Mother, Leckhi Sachs
  6. Mother's Maiden Name, McCauley
  7. Mother's Birthplace, Baltimore Golden
  8. Full Name of Father, Adore Sachs
  9. Father's Occupation, Sick and hand made store
  10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. Rosa Mlig  
18 Holland street  
Baltimore

51597

HEALTH DEPARTMENT,  
Health.  
DEC 1 1891  
BALTIMORE, MD.

DEC 1 1831

BALTIMORE, MD.

3 Birth

Girl

Yours

5 December

Scheffelstreet No 22

Margaretha Fischer

" " Engel

Baltimore

George Fisher

*Bibliothèque*

North Baiern

Bank Street No 173

Miss Bauer

Miss Bauer

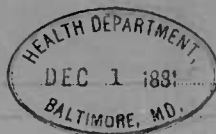
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (a or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51598

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th Nov. 1881

4. Place of Birth, (Street and Number)

145 Hudson Street

5. Full Name of Mother,

Mary Hubbard

6. Mother's Maiden Name,

Mary Flood

7. Mother's Birthplace,

Phila Pa.

8. Full Name of Father,

James B. Hubbard

9. Father's Occupation,

Keeps Grocery

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sullens

Address,

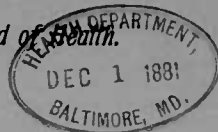
104 Carey Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.  
1. Sex (state whether Male or Female) Male,  
2. Race or Color (if not of the white race) White.  
3. Date of Birth # Saturday Night Nov. 5<sup>th</sup> 1881.  
4. Place of Birth (Street and Number) 88 E. Madison St.  
5. Full Name of Mother Mary McNally.  
6. Mother's Maiden Name Mary Fitzpatrick.  
7. Mother's Birthplace Ireland.  
8. Full Name of Father Patrick McNally.  
9. Father's Occupation Laborn.  
10. Father's Birthplace Ireland.  
Name of Medical Attendant, or other Person who makes this Return. Wilmor Brinton, M.D.  
Address 15 Greenmount Ave.  
Remarks Vertex Presentation



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51600

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 5th 1881*
4. Place of Birth, (Street and Number) *W. 9th Street & E. 1st*
5. Full Name of Mother, *Commanda Burgess*
6. Mother's Maiden Name, *Commanda Stinchcomb*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Wm. Burgess*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. E. Eversole*
- Address, *W. 5th St. & E. 1st*
- Remarks, .....

I that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51601

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *5<sup>th</sup> of September.*
4. Place of Birth, (Street and Number) *325 Cathedral St.*
5. Full Name of Mother, *Mary Gallagher.*
6. Mother's Maiden Name, *" W. Kelly.*
7. Mother's Birthplace, *Ireland.*
8. Full Name of Father, *Patrick Gallagher.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Ireland.*
- Name of Medical Attendant, *Charlotte Crosby.*  
or other Person who makes this Return.
- Address, *869 Cathedral St.*
- Remarks,

Take any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race).....
3. Date of Birth, *5th of November.*
4. Place of Birth, (Street and Number) *20 Maryland ave.*
5. Full Name of Mother, *Annie Williams*
6. Mother's Maiden Name, *Welsh.*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *John Williams*
9. Father's Occupation, *Telegraph Operator*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other person who makes this Return. *Charlotte Crosby*
- Address, *369 Cathedral St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51603

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Nov. 5 1887
4. Place of Birth, (Street and Number)..... E Lombard St No 187
5. Full Name of Mother,..... Mary Weiss
6. Mother's Maiden Name,..... Meubach
7. Mother's Birthplace,..... Hannover
8. Full Name of Father,..... Johann Weiss
9. Father's Occupation,..... Yeermann
10. Father's Birthplace,..... Hannover
- Name of Medical Attendant, or other Person who make this Return,..... Wm. J. Meubach
- Address,..... 2746 St. N. M.
- Remarks,.....

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51664

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

5 of Nov.

4. Place of Birth, (Street and Number)

Harvard St

5. Full Name of Mother,

Mary Holmes

6. Mother's Maiden Name,

yardmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Holmes

9. Father's Occupation,

aster Shucking

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

angelina Wilson

Address,

1022 N St 194

Remarks,

That any physician, recorder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Nov 15 1881*  
4. Place of Birth (Street and Number) *20 E. Calhoun*  
5. Full Name of Mother *Matilda Showers*  
6. Mother's Maiden Name *Coleman*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Wilson C. Showers*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *John H. Hall*  
Address *323 Hollins St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male ~~or female~~) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6<sup>th</sup> 3d<sup>rd</sup> N. M. City November, 1881.*
4. Place of Birth (Street and Number) *34 S. Mount St. near McHenry Baltimore, Md.*
5. Full Name of Mother *Margaret Theresa Smith*
6. Mother's Maiden Name *Margaret Theresa McCoy*
7. Mother's Birthplace *Baltimore, Maryland*
8. Full Name of Father *Andrew Jackson Smith*
9. Father's Occupation *Coach Painter at Mr. Glan's Shop*
10. Father's Birthplace *Prince George's County, Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. C. H. Smith M.D.*
- Address *236 W. Harvard St*
- Remarks

Fill in any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51607

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4<sup>th</sup>

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6<sup>th</sup> 1881

4. Place of Birth, (Street and Number) No 103 west street

5. Full Name of Mother, Dora Norris

6. Mother's Maiden Name, Dora Mc Bee

7. Mother's Birthplace, Sandy Hook md

8. Full Name of Father, Elmer Norris

9. Father's Occupation, Labourer

10. Father's Birthplace, Frederie. Co. md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton

Address, No 664 S Charles Street

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51608

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

~~Male~~ Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 8th 1881

4. Place of Birth (Street and Number)

64 North Dallas St. Balt.

5. Full Name of Mother

Elizabeth J. Griffin

6. Mother's Maiden Name

Winer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Paul Griffin

9. Father's Occupation

Broom Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucretia Poore, midwife

Address

133. Oliver St. Balt.

Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51609

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 6 1881

4. Place of Birth, (Street and Number)

3 Stockholm St

5. Full Name of Mother,

Ann R Vermillion

6. Mother's Maiden Name,

Ann R. Dolphin

7. Mother's Birthplace,

Baile, Md

8. Full Name of Father,

W. Vermillion

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baile, Md

Name of Medical Attendant, or other Person who makes this Return

Thomas Cooke MD

Address,

146 Hanover St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51610

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
Nov 6/81  
3-52 W. Lombard St  
Alberta Carpenter  
Baltimore  
Baltimore  
Baltimore  
Machinist B & O R.R.  
Baltimore  
D. L. Spencer  
307 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51611

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Nov-6-81.  
 4. Place of Birth (Street and Number) 116 E. Pratt St.  
 5. Full Name of Mother Jennie Bawlings  
 6. Mother's Maiden Name Jennie Martin  
 7. Mother's Birthplace Balto., Md.  
 8. Full Name of Father Wm. Bawlings  
 9. Father's Occupation Clark Adams & Co.  
 10. Father's Birthplace Balto., Md.  
 Name of Medical Attendant, or other Person who make this Return. John J. King, M.D.  
 Address 215 Carroll Ave  
 Remarks

IF ANY physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

6<sup>th</sup> of November

4. Place of Birth, (Street and Number)

No. 6. Winsor St.

5. Full Name of Mother,

Sophia Hedberg Monberger

6. Mother's Maiden Name,

Hedberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Monberger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Thos. Wiley

Address,

No 12 Patterson Park Av

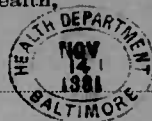
Remarks,

1718 Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31618

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth, November 6<sup>th</sup> 1881
  4. Place of Birth, (Street and Number) No 173 N. Caroline
  5. Full Name of Mother, Julia G. Ruckle
  6. Mother's Maiden Name, " " Shipley
  7. Mother's Birthplace, Howard County Maryland
  8. Full Name of Father, Isaac Ruckle
  9. Father's Occupation, Brass Moulder
  10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return William G. Russell
- Address, No 238 N. Broadway
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



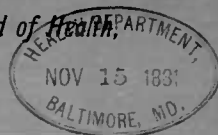
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th
- Sex (state whether male or female) Male
- Race or Color (if not of the white race)
- Date of Birth Nov. 12 1881
- Place of Birth (Street and Number) 112 So. Bond
- Full Name of Mother Elizabeth Dougherty
- Mother's Maiden Name Mahoney
- Mother's Birthplace Ireland
- Full Name of Father Joshua W. Dougherty
- Father's Occupation Mechanic
- Father's Birthplace Duncton City
- Name of Medical Attendant, or other Person who makes this Return. J. L. Williams
- Address 77 So. Bond
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51615

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 3d  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth Sunday Nov 6<sup>th</sup> 1891  
 4. Place of Birth (Street and Number) 62 Davis St.  
 5. Full Name of Mother Nancy Robbins  
 6. Mother's Maiden Name Nancy Little  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father Elie Robbins  
 9. Father's Occupation Porter  
 10. Father's Birthplace Worcester County - Md  
 Name of Medical Attendant, or other Person who makes this Return. Elie Robbins M.D.  
 Address 514 Calvert St  
 Remarks Baltimore

226



\* That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57616

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 6<sup>th</sup> 87
4. Place of Birth, (Street and Number) # 203 Druid Hill Avenue
5. Full Name of Mother, Mary Oeing
6. Mother's Maiden Name, Hempke
7. Mother's Birthplace, New York
8. Full Name of Father, John Oeing
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mary Krich
- Address, # 328 S. Eutam St.
- Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57617

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

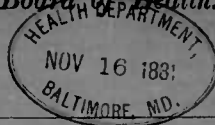


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, 10m Nov 1891  
 4. Place of Birth, (Street and Number) 373 Columbia St  
 5. Full Name of Mother, Louise Brown  
 6. Mother's Maiden Name, Frank  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Wm Brown  
 9. Father's Occupation, Painter  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, Sarah Caffery  
or other Person who makes this Return  
 Address, 77 E. Lombard St  
 Remarks, \_\_\_\_\_

That every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children bore, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number) Haubert & Nicholson St
5. Full Name of Mother Jane Kenney
6. Mother's Maiden Name Jane Divers
7. Mother's Birthplace Ireland
8. Full Name of Father Martin Kenney
9. Father's Occupation Saleman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return Martin Kenney
- Address Haubert & Nicholson St Loebus Point
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51619

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... Nov 6<sup>th</sup> 1881
4. Place of Birth, (Street and Number)..... 458 East St
5. Full Name of Mother,..... Francis Newton
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who make this Return,..... Harriet Jackson
- Address,..... 45 Farthest St
- Remarks,.....

For any physician, accoucheur, midwife, or other person in charge, who shall attend a birth or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51620

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 6/81

4. Place of Birth, (Street and Number)

237 E. Lombard St.

5. Full Name of Mother,

Carrie Collison

6. Mother's Maiden Name,

" Cantz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Levin Collison

9. Father's Occupation,

Engbrakman

10. Father's Birthplace,

Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of*  
**BALTIMORE CITY.**

- |   |                         |
|---|-------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | 4                       |
| 1. Sex (state whether male or female)                             | Male                    |
| 2. Race or Color (if not of the white race)                       | White                   |
| 3. Date of Birth  | 6 <sup>th</sup> of Nov. |
| 4. Place of Birth (Street and Number)                             | W. James Allen          |
| 5. Full Name of Mother  | Harline Hartlow         |
| 6. Mother's Maiden Name   | Gar                     |
| 7. Mother's Birthplace  | Baltimore               |
| 8. Full Name of Father  | John Hartlow            |
| 9. Father's Occupation  | laborer                 |
| 10. Father's Birthplace   | Baltimore               |
| Name of Medical Attendant, or other Person who makes this Return. | Dr. B. Barker           |
| Address   | 134. Hennings St.       |
| Remarks   | Living very well.       |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51622

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *(N 388 N. Washington St.)*

4. Place of Birth, (Street and Number) *November 6th. 1891*

5. Full Name of Mother, *Annina Tudor*

6. Mother's Maiden Name, *Annina Dambro*

7. Mother's Birthplace, *Hartford County*

8. Full Name of Father, *Joseph Tudor*

9. Father's Occupation, *Fireman Wagon*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return* *Mrs M. V. Butt.*

Address, *N 185 E. Cor. Central & Monument St.*

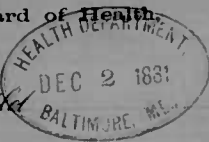
Remarks, *All Well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51623

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *Second child*

1. Sex, (state whether male or female).... *Male*

2. Race or Color, (if not of the white race) . *White*

3. Date of Birth, ..... *Nov 6<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Ramsay St. No. 25.*

5. Full Name of Mother,..... *Mary Brining*

6. Mother's Maiden Name,..... *Mary Long.*

7. Mother's Birthplace, ..... *Germany.*

8. Full Name of Father, ..... *George Brining*

9. Father's Occupation, ..... *Refrigerator-maker*

10. Father's Birthplace, ..... *Germany*

Name of Medical Attendant, or other Person who makes this Return *Richard M. Munn*

Address, ..... *Lucasburg St.*

Remarks, .....



That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51624

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,

Nov. 1, 1881.

4. Place of Birth, (Street and Number)

29 S. Broadway.

5. Full Name of Mother,

Margaret E. Bates

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wilbur B. Bates.

9. Father's Occupation,

Iron Founder.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

A. F. Erick, M.D.  
94 S. Broadway.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.

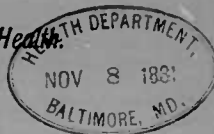


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Caucasian*  
3. Date of Birth, *Nov 7 1881*  
4. Place of Birth, (Street and Number) *160 N. Front St*  
5. Full Name of Mother, *Julia Fitzgerald*  
6. Mother's Maiden Name, *Flaherty*  
7. Mother's Birthplace, *Ireland*  
8. Full Name of Father, *Edward Fitzgerald*  
9. Father's Occupation, *Carpenter*  
10. Father's Birthplace, *Ireland*  
Name of Medical Attendant, or other Person who makes this Return *D. Sheeth M.D.*  
Address, *143 N. E. St*  
Remarks, *R. U. I. P. - Forceps delivery - length labor 3 1/2 hr - Pelvis contracted in upper posterior diameter - Child & mother doing well*

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

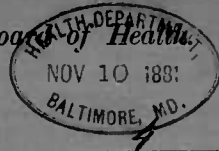


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 4 88*  
 4. Place of Birth (Street and Number) *43 N Bond St*  
 5. Full Name of Mother *Sarah Morris*  
 6. Mother's Maiden Name *Borchardt*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *David Morris*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *William M. S.*  
 Address *85 E. Ballof*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Born on the 7th of Nov. 1881
4. Place of Birth, (Street and Number) 826 W. Pratt St.
5. Full Name of Mother Maggie Berger
6. Mother's Maiden Name J. M. Comerfinger
7. Mother's Birthplace born in the City of Balto.
8. Full Name of Father Lorenz L. Berger
9. Father's Occupation Baker
10. Father's Birthplace Bavaria Germany
- Name of Medical Attendant, or other Person who makes this Return. Abie Miller
- Address 107 W. Pratt St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 42
1. Sex (state whether male or female) White
2. Race or Color, (if not of the white race) Female
3. Date of Birth Nov 7<sup>th</sup> 1881
4. Place of Birth, (Street and Number) No 3416 Baltimore St
5. Full Name of Mother Lizzie Matthai
6. Mother's Maiden Name Lizzie Spielman
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Matthai
9. Father's Occupation Shoe Store
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Benjamin J. H. H. H.
- Address 1018 Monument St
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31629

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Nov 11 1891*  
 4. Place of Birth, (Street and Number) *Baltimore, 1st division East*  
 5. Full Name of Mother, *Mrs. Wm. J. Iselberger*  
 6. Mother's Maiden Name, *Mrs. Wm. J. Iselberger*  
 7. Mother's Birthplace, *Baltimore, Md.*  
 8. Full Name of Father, *William Iselberger*  
 9. Father's Occupation, *Jump master*  
 10. Father's Birthplace, *Baltimore, Md.*  
 Name of Medical Attendant, *or other Person who makes this Return* *Mrs. Thompson*  
 Address, *33 Pennsylvania St.*  
 Remarks,

# RETURN OF A BIRTH.

51630

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

sex (state whether Male or Female)

race or Color (if not of the white race)

date of Birth

place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

(Second) Female - Colored -

Nov 7th 1881

York St 163 1st, Sharpe and Howard

Annie Titman

Annie

Gundy -

Marion Md.

Chas. Titman

Sailor

Pocomoke City Md

Mrs. Sidney

Prattapoco Ave.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

Remarks,

That any person, alien, acconcheur, midwife, or other person in charge, who has received notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 7th 1881*
4. Place of Birth (Street and Number) *147 Laureate St*
5. Full Name of Mother *Fanny Delany Lemmon*
6. Mother's Maiden Name *Fanny Addison Carter Delany*
7. Mother's Birthplace *Paris France*
8. Full Name of Father *Joseph Smith Delany*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Professor Wm F. Howard*
- Address *181 Madison St*
- Remarks *Natural Labor.*

# RETURN OF A BIRTH

31633

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7th. 1881
4. Place of Birth, (Street and Number) No 518 N. Washington St
5. Full Name of Mother, Susana Barr
6. Mother's Maiden Name, Susana Pindale
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christopher Barr
9. Father's Occupation, Business maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Barr
- Address No 185 L. E. cor Central av & Monument St.
- Remarks, See mee

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57634

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 11, 81*
4. Place of Birth, (Street and Number) *No. 7, Wetherill St*
5. Full Name of Mother, *Mrs. J. J. Wetherill*
6. Mother's Maiden Name, *Louisa Wetherill*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *George Wetherill*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. J. Wetherill*
- Address, *245 Penn. Ave*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51635

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1<sup>st</sup>
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Nov. 7<sup>th</sup> 1881
4. Place of Birth, (Street and Number) ..... 3 Willow St
5. Full Name of Mother, ..... Maggie Hillen
6. Mother's Maiden Name, ..... Maggie Hillen
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Wm. H. Muller
9. Father's Occupation, ..... Laborer
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Selas W. Hunter M.D.
- Address, ..... 16 Greenmount Ave
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51636

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov 8<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 716 Glenover St*
5. Full Name of Mother, *Emma Hoontz*
6. Mother's Maiden Name, *Emma Overton*
7. Mother's Birthplace, *Frederic city md*
8. Full Name of Father, *John Hoontz*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Frederic city md*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Hinton*
- Address, *N<sup>o</sup> 666 S Charles St*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov 8, 1881.
4. Place of Birth, (Street and Number) 4 Health St. Balt. Md.
5. Full Name of Mother, Jennie Travers.
6. Mother's Maiden Name, Jennie Croolis.
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Samuel Travers.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. Nashy.  
157 Johnson St. Balt. Md.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

316-31

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 8, 1881.
4. Place of Birth, (Street and Number) 41 Hamburg St. Balt. Md.
5. Full Name of Mother, Charlotte Travers.
6. Mother's Maiden Name, Charlotte Randall.
7. Mother's Birthplace, Eastern Shore.
8. Full Name of Father, Thomas Travers.
9. Father's Occupation, Captain.
10. Father's Birthplace, Eastern Shore.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash.
- Address, 107 Johnson St. Balt.
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *Nov. 8, A.D. 1881.*
4. Place of Birth, (Street and Number) *310 Hanover St. Balt. Md.*
5. Full Name of Mother, *Mary A. Tellhouse.*
6. Mother's Maiden Name, *Mary A. King.*
7. Mother's Birthplace, *Washington.*
8. Full Name of Father, *Philip Tellhouse.*
9. Father's Occupation, *Tim & sheet iron worker.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other person who makes this return. *Mrs. Nash*
- Address, *107 Johnson St.*
- Remarks, .....



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51640

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*  
1. Sex, (state whether male or female) *Girl*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *27th of November 1881*  
4. Place of Birth, (Street and Number) *No 37 North Washington street*  
5. Full Name of Mother, *Barbra First*  
6. Mother's Maiden Name, *Barbra Walther*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Alfred Walther*  
9. Father's Occupation, *Grocery store*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who make this Return *Lucretia Kuntel*  
Address, *11 North Chapel street per Justina Kuntel*  
Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51641

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

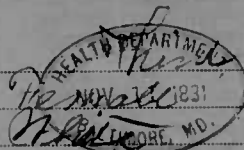
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,



No 833  
31 McHenry  
Kali Phleger  
Hess

Baltimore  
W. M. Phleger  
Conductor B. & O. R. R.  
Frederick Road

Mrs Catherine Leech  
439 West Pratt St

Date

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 8th 1881*
4. Place of Birth (Street and Number) *45 Buren St*
5. Full Name of Mother *Mary Garrett*
6. Mother's Maiden Name *Mary McCall*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Wm T Garrett*
9. Father's Occupation *Builder*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo S. Reynolds*
- Address *Calvert Monument*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Mrs. C. Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov - Dec 8*
4. Place of Birth (Street and Number) *274 Battery St*
5. Full Name of Mother *Josephine Johnson*
6. Mother's Maiden Name *Josephine Crawford*
7. Mother's Birthplace *Montgomery County Md*
8. Full Name of Father *Thomas P. Johnson*
9. Father's Occupation *Brick Molder*
10. Father's Birthplace *Baltimore City Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Conway*
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51644

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child *8* Mother, (state whether 1st, 2d, 3d, &c.) *Child*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *8th November*  
4. Place of Birth, (Street and Number) *22 Patterson Park Ave*  
5. Full Name of Mother, *Sophia Annine*  
6. Mother's Maiden Name, *" herb*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Christopher Annine*  
9. Father's Occupation, *Poker*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return *Mrs. Hilary*  
Address *No 18 Patterson Park*  
Remarks, *Called in Doctor Cately*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51646

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,

Nov 8/9

4. Place of Birth, (Street and Number)

442 Crap St

5. Full Name of Mother,

Ida Guntman

6. Mother's Maiden Name,

Cruse

7. Mother's Birthplace,

city

8. Full Name of Father,

Geo Guntman

9. Father's Occupation,

10. Father's Birthplace,

city  
Geo Guntman

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 8<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Lombard St. N<sup>o</sup>. 44

5. Full Name of Mother, Eda M<sup>rs</sup>. Baib

6. Mother's Maiden Name, Buzzard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M<sup>rs</sup>. Baib

9. Father's Occupation, Agent

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who make this Return Mrs. C. Mitchell

Address, N<sup>o</sup>. 5-8 Parkin St.

Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *November 8*  
 4. Place of Birth (Street and Number) *Baltimore Howard St 134*  
 5. Full Name of Mother *Isabel Roberts*  
 6. Mother's Maiden Name *Isabelle Roberts*  
 7. Mother's Birthplace *Eastern Shore Virginia*  
 8. Full Name of Father *Henry Roberts*  
 9. Father's Occupation *Crysters Schutker*  
 10. Father's Birthplace *Eastern Shore Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Rogers*  
 Address *no 51 Seadenhall street Baltimore*  
 Remarks *Labor began Monday night 3 o'clock ending Tuesday night at 7 o'clock - a nice time very long.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



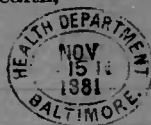
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *5 November*
4. Place of Birth (Street and Number) *3011 Durham St*
5. Full Name of Mother *Minerva Bordley*
6. Mother's Maiden Name *Minerva Thompson*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *George Bordley*
9. Father's Occupation *Cab*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Lizzie foot*
- Address *15 horn st*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31550

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



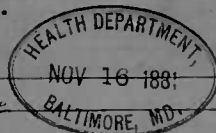
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *November 8.<sup>th</sup> 1881.*
4. Place of Birth, (Street and Number) *No. 79. Pearl St.*
5. Full Name of Mother, *Anne. Leppendor.*
6. Mother's Maiden Name, *Klener.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph. Leppendor.*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Anne. Ginzler*
- Address, *No 45 S. Monroe St.*
- Remarks, .....

That every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF, A BIRTH, 51651

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) 3 girls one Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth November 8 Hull St
4. Place of Birth, (Street and Number) Hull St
5. Full Name of Mother Susana Dibet fligel
6. Mother's Maiden Name Susana Dibet
7. Mother's Birthplace Germania
8. Full Name of Father Otto fligel
9. Father's Occupation Sabourke
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this return. Otto fligel
- Address Hull St Locust Point
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH,

51652

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
 Sex (state whether male or female) female  
 Race or Color, (if not of the white race) white race  
 Date of Birth November the 3<sup>rd</sup>  
 Place of Birth, (Street and Number) Baltimore Charles St No 590  
 Full Name of Mother Sarah Harrison  
 Mother's Maiden Name Sarah Harrison  
 Mother's Birthplace unrecorded Co  
 Full Name of Father John Harrison  
 Father's Occupation laborer  
 Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn  
 Address No 344 William St  
 Remarks

# RETURN OF A BIRTH.

51663

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
Nov 8<sup>th</sup> 1881  
Short & McElderry St.  
Mary Douglass  
" " " " " " " " " " " "  
Ireland  
Joseph P. Douglass  
Junk Business  
Baltimore City  
151 W. 11th St.  
Asquith B.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

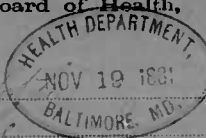
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

516511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of Child: *Harry A. Savage*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *Nov. 18, '81*
4. Place of Birth, (Street and Number) *215 N. Wolfe St.*
5. Full Name of Mother, *Mary E. Savage*
6. Mother's Maiden Name, *Schiffel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas. A. Savage*
9. Father's Occupation, *Police man*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harry A. Savage*

Address *286 N. Savage St.*

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



51655

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *female child*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *8th November 1881*

4. Place of Birth, (Street and Number) *No 8 Upton St Baltimore*

5. Full Name of Mother, *Fannie Marcel*

6. Mother's Maiden Name, *Fannie Johnson*

7. Mother's Birthplace, *Howard Co. Md*

8. Full Name of Father, *Samuel Marcel*

9. Father's Occupation, *Brick Molder*

10. Father's Birthplace, *Calvert Co. Md*

Name of Medical Attendant, or other Person who makes this Return, *Mary E Jones*

Address, *No 17 Watling St*

Remarks,

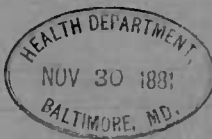


"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children." *Register of City.*

# RETURN OF A BIRTH

51656

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

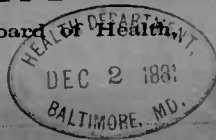


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *November 8<sup>th</sup>*
4. Place of Birth, (Street and Number) *277 Mulberry St.*
5. Full Name of Mother, *Maggie Schmelz*
6. Mother's Maiden Name, *" Boen*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *W. Schmelz*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Cuyler*
- Address, *66 Schroeder St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *8th. Nov.*
4. Place of Birth, (Street and Number) *No. 336 S. Sharp St.*
5. Full Name of Mother, *Mary Augusta Raupp.*
6. Mother's Maiden Name, *Mary Augusta Herbst.*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Alvion John Raupp*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Katharina Wülf*
- Address, *1 Landerupfeld St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57658

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov 8 4 1881*
4. Place of Birth, (Street and Number) *912 E. Baltimore St*
5. Full Name of Mother, *Abigail Hartney*
6. Mother's Maiden Name, *Abigail Paul*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Jamies F. Carter*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Mrs. H. Meserich*  
or other Person who makes this Return
- Address, *34 S. Howard Ave*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51659

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 8th 1881

4. Place of Birth, (Street and Number)

No 2 N. Washington St

5. Full Name of Mother,

Lellie Mason

6. Mother's Maiden Name,

" Thomas

7. Mother's Birthplace,

City

8. Full Name of Father,

George Mason

9. Father's Occupation,

Salesman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Peters

Address,

120 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 8, 1881
4. Place of Birth, (Street and Number) 412 Dried Hill Avenue
5. Full Name of Mother, Margaret Jane Gessler
6. Mother's Maiden Name, McGuinnis
7. Mother's Birthplace, Baet. City
8. Full Name of Father, Wm H. Gessler
9. Father's Occupation, Plumber
10. Father's Birthplace, Baet City
- Name of Medical Attendant, or other Person who make this Return Markus Brewery Md
- Address, 68 McCulloh Street
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Emily Parthenia Passano

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 8 - 1884

4. Place of Birth, (Street and Number)

429 - Howard St

5. Full Name of Mother,

Marion Passano

6. Mother's Maiden Name,

Marion Grant

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. J. R. Passano

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

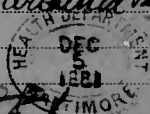
Dr. W. H. Allen

Address,

1212 - Howard St

Remarks,

Name added June 26 - 1885 H. Geo. B. Bureau -  
1st son - Cent. Edward B. Passano



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 8/81*
4. Place of Birth, (Street and Number) *1200 N. Avenue*
5. Full Name of Mother, *Mrs. O'Brien*
6. Mother's Maiden Name, *Bank*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nicholas M. Quinn*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *W. H. Decker M.D.*
- Address, *117 N. Charles St. Baltimore*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6. 1887
4. Place of Birth (Street and Number) St. Ann
5. Full Name of Mother Carl E. Sippel
6. Mother's Maiden Name C. E. Sippel
7. Mother's Birthplace Balt. City
8. Full Name of Father Carl E. Sippel
9. Father's Occupation Not
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. E. Sippel
- Address 299 E. Pratt St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 9 1881
4. Place of Birth (Street and Number) No 154 Rabun St
5. Full Name of Mother Esther Thomas
6. Mother's Maiden Name Esther Hebron
7. Mother's Birthplace Eastern Shore Talbot Co Md
8. Full Name of Father Thomas Hebron
9. Father's Occupation Cottoner
10. Father's Birthplace Prince George Co Md
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren
- Address No 258 Rabun St
- Remarks 7 months Bouth the cause of death  
over stress yet alone

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51663

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth November 9 - 1881

4. Place of Birth (Street and Number) N. E. Cor. Harlan Ave. & Stiles

5. Full Name of Mother Bertha Clark

6. Mother's Maiden Name McClellan

7. Mother's Birthplace Balto. Co. Md.

8. Full Name of Father Richard M. Clark

9. Father's Occupation Grain Merchant

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. John D. King, M.D.

Address 215 N. Carrollton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51666

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 9<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *39 Noekiten*
5. Full Name of Mother *Barbara Schort*
6. Mother's Maiden Name *Barbara Wild*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Conny Schort*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *Dr. J. S. Fisher No 160 Saratoga*

Remarks *Registrar*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57667  
orig

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Mary Katherine



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *I*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 9<sup>th</sup> 3 am*
4. Place of Birth (Street and Number) *Cor. of Patterson and Stockton*
5. Full Name of Mother *Margaretha Mueller*
6. Mother's Maiden Name *Margaretha Nowak*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Herrick Mueller*
9. Father's Occupation *Butcher.*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John E. Fisher M.D.*  
*No 166. Lavaloga St. Jones Ebor.*  
*Regular.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31175

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 1881
4. Place of Birth, (Street and Number) Johnson Street near Fort M
5. Full Name of Mother, Sarah Thompson
6. Mother's Maiden Name, Sarah Merson
7. Mother's Birthplace, Ellicott City Md
8. Full Name of Father, George Thompson
9. Father's Occupation, Engineer on B. & O. R.R.
10. Father's Birthplace, Frederic Co Md
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Guntan
- Address, No 666 S. Charles St
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Nov. 9<sup>th</sup> 1881.*  
 4. Place of Birth, (Street and Number) *No. 65 Albemarle St.,*  
*Annio Dutton Hayman*  
 5. Full Name of Mother, *Annio Dutton*  
*Baltimore City.*  
 6. Mother's Maiden Name, *Thomas Hayman*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Baltimore City.*  
 9. Father's Occupation, *Salesman*  
 10. Father's Birthplace, *Baltimore City.*  
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Eliza Hamming*  
 Address, *No. 95 Albemarle St.*  
*(City)*  
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51670

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 9 of November  
 4. Place of Birth, (Street and Number) 368 Pratt St  
 5. Full Name of Mother, Emily Roberts  
 6. Mother's Maiden Name, Althausen  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Hugh Roberts  
 9. Father's Occupation, Pilot  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who make this Return Wm. H. Hiley  
 Address, \_\_\_\_\_  
 Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 9, 1881.
4. Place of Birth, (Street and Number) 16 Trust Alley Baltimore Md.
5. Full Name of Mother, Sallie Hostatuff
6. Mother's Maiden Name, Sallie Blackstone.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter Hostatuff.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Nancy Nash.
- Address, 117 Johnson St Baltimore Md.
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within this City of Baltimore, shall report to this register, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the name, rank, occupation, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57679

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 9th 1881

4. Place of Birth, (Street and Number)

Baltimore Carlton Ave 54

5. Full Name of Mother,

Ellen Caddigan

6. Mother's Maiden Name,

Singleton

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Walter Caddigan

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this return

Mrs. B. Mitchell

Address,

15 5th Parkin St.

Remarks,

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

51673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth the 9 of Novemb.  
 4. Place of Birth, (Street and Number) 14119, Underwood  
 5. Full Name of Mother Bate Bismore  
 6. Mother's Maiden Name Bate Brining  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Walter Brining  
 9. Father's Occupation Cabinet maker  
 10. Father's Birthplace Harro County  
 Name of Medical Attendant, or other Person who makes this return, Wm. Christina Lauer  
 Address 172 Harper Street  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Nov. 9<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

18 Asquith St.

5. Full Name of Mother,

Margaret Parrott

6. Mother's Maiden Name,

Margt. Fitzgeralds

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Geo. W. Parrott.

9. Father's Occupation,

Restaurant Keeper.

10. Father's Birthplace,

Philadelphia.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Geo. F. Russell, M.D.

Remarks,

Child. Healthy.

227 Carrollton Ave.

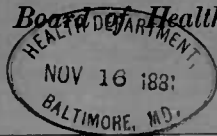


That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 31675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Harbert St November 9
4. Place of Birth, (Street and Number) 122 Harbert St
5. Full Name of Mother Emma Agness Lang
6. Mother's Maiden Name Emma Agness Ozier
7. Mother's Birthplace Harford Co Maryland
8. Full Name of Father William John Lang
9. Father's Occupation Pattern Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. William T. Lang
- Address Harbert St Locust Point
- Remarks \_\_\_\_\_

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51676

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



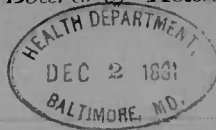
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 9*
4. Place of Birth, (Street and Number) *W. Lombard St. # 172*
5. Full Name of Mother, *Ann E. Pyles.*
6. Mother's Maiden Name, *" Dorsey*
7. Mother's Birthplace, *Frederick Co. Md.*
8. Full Name of Father, *George W. Pyles.*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Frederick Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. E. Shulley.*
- Address, *45 N. Central Avenue.*
- Remarks, *Normal L.O. H.V.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar afore-said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51677

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 9th 1891*
4. Place of Birth, (Street and Number) *398 E. Balto. St.*
5. Full Name of Mother, *Sarah Lottie Samble*
6. Mother's Maiden Name, *E. Baugh*
7. Mother's Birthplace, *Charleston, S.C.*
8. Full Name of Father, *James Eugene Samble*
9. Father's Occupation, *Merchandise Manufacturer*
10. Father's Birthplace, *Charleston, S.C.*
- Name of Medical Attendant, or other Person who makes this return. *D. L. Brown M.D.*
- Address, *375 E. Balto. St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51678

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6 - -
1. Sex, (state whether male or female) ..... 1 male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... November 9 1881
4. Place of Birth, (Street and Number) ..... 158 W. Lombard St
5. Full Name of Mother, ..... Mary Ruppel
6. Mother's Maiden Name, ..... Mary Wetle
7. Mother's Birthplace, ..... German
8. Full Name of Father, ..... William Wetle
9. Father's Occupation, ..... Tailor
10. Father's Birthplace, ..... German
- Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. M. W. W. W.
- Address, ..... 1 Landonfill St
- Remarks, .....

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 9/81*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Fallie J. Baughen*

6. Mother's Maiden Name, *Fallie J. Dore*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *John P. Baughen*

9. Father's Occupation, *Grocer Merchant*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other Person who makes this Return *Dr. Keller MD*

Address, *87 Monroe St.*

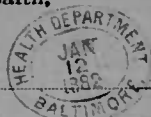
Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 September
4. Place of Birth, (Street and Number) 15 Paint Lane
5. Full Name of Mother, Maria Weigel
6. Mother's Maiden Name, Lohm
7. Mother's Birthplace, Germany
8. Full Name of Father, Mrs. Maria Weigel
9. Father's Occupation, La. laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Jessamine Howard
- Address 15 Paint Lane Str
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth November 10th 1881  
 4. Place of Birth (Street and Number) 322 Mosher St  
 5. Full Name of Mother Kate D. De Barry  
 6. Mother's Maiden Name Kate Doherty  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father J. J. De Barry  
 9. Father's Occupation engraver  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. J. H. Harvey M.D.  
 Address 147 Edmondson Ave  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57682

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Nov 10th 1881*

4. Place of Birth (Street and Number) *46 S. Eden*

5. Full Name of Mother *Lottie Witters*

6. Mother's Maiden Name *" Nicol*

7. Mother's Birthplace *Balto*

8. Full Name of Father *Thomas Witters*

9. Father's Occupation *Police*

10. Father's Birthplace *Mad*

Name of Medical Attendant, or other Person who make this Return. *George H. W. W. W.*

Address *Calvert Monument*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51683

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 10<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *174 West Lombard St*
5. Full Name of Mother *Annie Rebecca Kahn*
6. Mother's Maiden Name *Annie Rebecca Carson*
7. Mother's Birthplace *Oregon, Battinon Co. Ind*
8. Full Name of Father *Gustave Kahn*
9. Father's Occupation *Horse collar maker*
10. Father's Birthplace *Leipzig, Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. M. D.*
- Address *1616 E. Liberty St*
- Remarks *Breech presentation, labor seven hours, child born alive  
receptory to tear perineum*

Corrected by the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

316811

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Nov. 10. 1881.*
4. Place of Birth, (Street and Number) *254 N. Saratoga St.*
5. Full Name of Mother, *Rebecca Jane Sheekells*
6. Mother's Maiden Name, *Hall*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Richard H. Sheekells*
9. Father's Occupation, *Shirt Cutter.*
10. Father's Birthplace, *Ind.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Morgan*
- Address, *119 N. Monument St.*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57655

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female) ...  
2. Race or Color, (if not of the white race) ...  
3. Date of Birth, ...  
4. Place of Birth, (Street and Number) ...  
5. Full Name of Mother, ...  
6. Mother's Maiden Name, ...  
7. Mother's Birthplace, ...  
8. Full Name of Father, ...  
9. Father's Occupation, ...  
10. Father's Birthplace, ...

Fourth  
Female.  
White.

November 10<sup>th</sup> 1881  
No. 6 Pleasant Alley  
Merr Bridget King.  
Miss Bridget McNeill  
Ireland  
Patrick King.  
Oysterman.  
Ireland  
Mrs Rachel A. Garrett  
No. 65 Burke St.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31686

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
  2. Race or Color, (if not of the white race)
  3. Date of Birth,
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother,
  6. Mother's Maiden Name,
  7. Mother's Birthplace,
  8. Full Name of Father,
  9. Father's Occupation,
  10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return

Address,

Remarks,

First.

Male

White

November 10<sup>th</sup> 1881

379 Aliceanna St.

Mrs Mary Bunday

Miss Mary Spadiner

Baltimore City.

John Bunday

Clerk.

Baltimore City.

Mrs Rachel A. Garrett

N<sup>o</sup> 65 Burke St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51687

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *November 10. 1881*
4. Place of Birth (Street and Number) *66 McKim St*
5. Full Name of Mother *Genuvies Watts*
6. Mother's Maiden Name *Genuvies Bellaway*
7. Mother's Birthplace *City*
8. Full Name of Father *Geo. O. Watts*
9. Father's Occupation *Painter*
10. Father's Birthplace *Hartford Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *A. Tinsley M.D.*
- Address *386 W. North St*
- Remarks \_\_\_\_\_



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31685

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, May 10
4. Place of Birth, (Street and Number) 28 Chestnut st
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Mary Griffin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Green
9. Father's Occupation, nothing
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Leas Johnson
- Address No 18 Short st
- Remarks very Delicate child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51689

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 10<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *Baltimore Ramsey st N.E. 1700*

5. Full Name of Mother, *Emma Lester*

6. Mother's Maiden Name, *Maters*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Lester*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Mrs. G. Mitchell*

Address *N.E. 58 Parkin st*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51690

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth Born on the 10 of Novmber 1881. the place of birth. Mechanist
  4. Place of Birth, (Street and Number)
  5. Full Name of Mother Margaret Elen Clarke
  6. Mother's Maiden Name Margaret Elen Wilson
  7. Mother's Birthplace Baltimore Md
  8. Full Name of Father William Henry Clarke
  9. Father's Occupation Preyman
  10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks Sophia Hines 135 Chemist street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31691

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 10<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 225 N. Gilman Street
5. Full Name of Mother, Flora Byrd
6. Mother's Maiden Name, Flora Newton
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, Harvey L. Byrd
9. Father's Occupation, Physician
10. Father's Birthplace, Salem South Carolina
- Name of Medical Attendant, or other Person who makes this Return Harvey L. Byrd M.D.
- Address, 225 N. Gilman Street, Baltimore Maryland
- Remarks, Natural labor, hours duration, Mother and Child doing well.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th Nov 1891

4. Place of Birth, (Street and Number)

Frederick Road

5. Full Name of Mother,

Marie Kudie

6. Mother's Maiden Name,

Lejuria

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Kudie

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Harold Casper

Address

111 E. Lombard St.

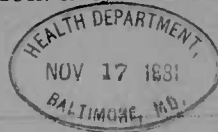
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51693

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Jewish*
3. Date of Birth, *10 November*
4. Place of Birth, (Street and Number) *922 Gary Street*
5. Full Name of Mother, *Hannie Hamburger*
6. Mother's Maiden Name, *" Hainberger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Adolph Hamburger*
9. Father's Occupation, *Men's furnishing store*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. Rosa M. M. M.*  
*108 Holland Street*

Address,

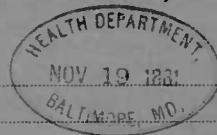
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51694

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 10, '81

4. Place of Birth, (Street and Number)

87 E Biddle St  
Cham 36 Woodward

5. Full Name of Mother,

Ellen E

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Robert A Woodward

8. Full Name of Father,

Painter

9. Father's Occupation,

Richmond Va.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Harry A. Caldwell

Address. 206 N. Donagh St

Remarks,

# RETURN OF A BIRTH

51695

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of November
4. Place of Birth, (Street and Number) N. 140 St, Peabody
5. Full Name of Mother, Mary Snyder
6. Mother's Maiden Name, Mary Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Snyder
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Joseph D. S. S. S.
- Address, M. D. S. S. S.
- Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51696

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



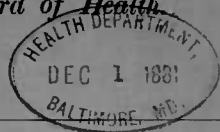
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10<sup>th</sup> Nov 1881 9 11 11
4. Place of Birth, (Street and Number) Baltimore Spring St No 120
5. Full Name of Mother, Anna Mika
6. Mother's Maiden Name, Anna Belora
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Vladimir Mika
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Mary Drapfel
- Address, 29 Washington St
- Remarks, Mary Drapfel

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51697

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) West
3. Date of Birth 10 November
4. Place of Birth, (Street and Number) Lambert street No 345
5. Full Name of Mother Lophie Korner
6. Mother's Maiden Name " " Flitsch
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Korner
9. Father's Occupation Schiffsetzer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Bank Street No 173
- Address Miss Maurer
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5169  
DEC 1881  
Second (2nd)  
Male

Nov 10th 1881

74 High St.

Laura A. Magnus

" " Myers

Carroll Co Md

Henry E. Magnus

Farmer

Harford Co Md

Regina A. Winter

156 Bayford Ave

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 20th 10th 1881
4. Place of Birth, (Street and Number) 24 S. E. Clark street
5. Full Name of Mother Margaretha Strub
6. Mother's Maiden Name Kellermann
7. Mother's Birthplace Germany
8. Full Name of Father John Adam Strub
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Brown M.D.
- Address 47th & E. E. Sts.
- Remarks \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st November
4. Place of Birth, (Street and Number) 1st E. Baltimore
5. Full Name of Mother, Maria Rodger
6. Mother's Maiden Name, Jefferson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rodger
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Josephine Howard
- Address, 112 Barclay St
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51701

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 11<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 67 S. Bond St.

5. Full Name of Mother, Julia Ann Harris

6. Mother's Maiden Name, Storwood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edwin B. Harris

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return James J. H. H. M. d. d.

Address 68 S. Broadway

Remarks, ✓



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51702

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, May 11
4. Place of Birth, (Street and Number) 28 Jefferson St
5. Full Name of Mother, Henrietta Gibran
6. Mother's Maiden Name, Henrietta Gerst
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Gibran
9. Father's Occupation, laborer
10. Father's Birthplace, Talbert Co Md
- Name of Medical Attendant, or other Person who makes this Return Dr. Leas Salzman
- Address, 18 Hart St
- Remarks, healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57703

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth.

Nov 11 1881

4. Place of Birth, (Street and Number)

2 Dallis St

5. Full Name of Mother,

6. Mother's Maiden Name,

Ellen Fowler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Lucius Woolford

Address,

132 Regester St

Remarks,

Sp Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

317011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11th of November 1881*
4. Place of Birth, (Street and Number) *No 5 McCarver St*
5. Full Name of Mother, *Lena Traube*
6. Mother's Maiden Name, *Lena Briedenbach*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Franz Briedenbach*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Ernestine Knittel*
- Address, *11 North Chapel street per postman Knittel*
- Remarks, *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



57705

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 11<sup>th</sup> 1881

4. Place of Birth (Street and Number)

22 N. Arlington Ave

5. Full Name of Mother

Maria Kelley

6. Mother's Maiden Name

Maria Carey

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Kelley

9. Father's Occupation

Dayman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

C. H. Jackson M.D.

Address

543. Lexington St

Remarks

Secure Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51706

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 of November

4. Place of Birth, (Street and Number) 1120 D. 1 Street

5. Full Name of Mother, Ellen Bailey

6. Mother's Maiden Name, Ellen Jeffers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Jeffers

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. B. Smith

Address, 1120 D. 1 Street

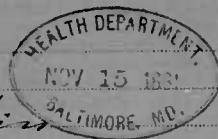
Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51707

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown skin

3. Date of Birth, the 11th nov

4. Place of Birth, (Street and Number) parish Aley 47

5. Full Name of Mother, Mary D'Gardes

6. Mother's Maiden Name,

7. Mother's Birthplace, Clacket City

8. Full Name of Father, Ephraim Bacon

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. Longest M.D.

Address, 1504 North Enoch St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51708

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*  
1. Sex, (state whether male or female) *Female.*  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *November 11<sup>th</sup> 1881.*  
4. Place of Birth, (Street and Number) *No 4. Lemon Court.*  
5. Full Name of Mother, *Anne Deets.*  
6. Mother's Maiden Name, *Dahle.*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *James Deets.*  
9. Father's Occupation, *Vermisher.*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Anne Lindner.*  
Address, *No 45 S. Monroe St.*  
Remarks, \_\_\_\_\_

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st White*

1. Sex, (state whether male or female) *17*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 11, 1881*

4. Place of Birth, (Street and Number) *Forrest St., No 301.*

5. Full Name of Mother, *Louise Gay*

6. Mother's Maiden Name, *Louise Gay*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Walter Gay*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Baltimore, Md.*

Remarks, *dead born*

*Mary E. Miller*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Corn. Sk. n. th
3. Date of Birth, \_\_\_\_\_
4. Place of Birth, (Street and Number) 45 E. Lombard St
5. Full Name of Mother, Anne Schmidt
6. Mother's Maiden Name, Reischer
7. Mother's Birthplace, Batte Md
8. Full Name of Father, Maximilian Schmidt
9. Father's Occupation, Cannemaker
10. Father's Birthplace, Batte Md
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address 77 E. Lombard St

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *11 November*
4. Place of Birth, (Street and Number) *22 Sterling street*
5. Full Name of Mother, *Elate Cooper*
6. Mother's Maiden Name, *" Crover*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Cooper*
9. Father's Occupation, *Carpenter workman*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who makes this Return.

*Mrs. Rosa Melling*  
*1048 Rolland street*  
*Baltimore*

Address,

Remarks,

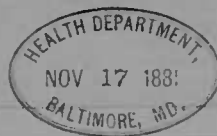


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51719

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *11 November*
4. Place of Birth, (Street and Number) *456 November Monument street*
5. Full Name of Mother, *Lake Minger*
6. Mother's Maiden Name, *Kraft*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Minger*
9. Father's Occupation, *Stonecutter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mrs Rosa Minger*

Address, *487 Hollid street*

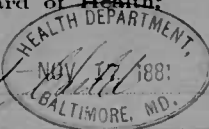
Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st  
Female

Nov 11th 81  
16413 Charles St.

Dorothy Buckley  
Sable

America  
John Buckley  
Baker

America  
J. Leonard Minkoff  
330 Hanover St.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

317111

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *Cafre*
3. Date of Birth, *Nov 11 1891*
4. Place of Birth, (Street and Number) *No. 1 Warner Street*
5. Full Name of Mother, *Margaret Finney*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Accomac County, Va*
8. Full Name of Father, *Phillip Finney*
9. Father's Occupation, *Drayman*
10. Father's Birthplace, *Accomac Co Virginia*
- Name of Medical Attendant, *Reborah Thomas*  
or other Person who makes this Return.
- Address, *71 Burgundy Alley*
- Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51713

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11<sup>th</sup>

4. Place of Birth, (Street and Number)

No 116

5. Full Name of Mother,

Pauline Staudt

6. Mother's Maiden Name,

" " Ludolph

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sydney Staudt

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Getzke

Address,

No 55 Bond St

Remarks,

Balto Md

correct Record of Vital Statistics in the City of Baltimore.

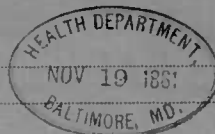
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *November 11. '81*
4. Place of Birth, (Street and Number) *433 Bazaar St.*
5. Full Name of Mother, *George Ann Stanford*
6. Mother's Maiden Name, *Fredrick*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Pharos P. Stanford*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Henry A. Allen*
- Address. *256 W. 1st St.*
- Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

# RETURN OF A BIRTH

51717

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 11th*
4. Place of Birth, (Street and Number) *53 Burk Street*
5. Full Name of Mother, *Caroline Connelly*
6. Mother's Maiden Name, *Caroline Dorn*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nicholas Connelly*
9. Father's Occupation, *Rolling Mill*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. Wiley*  
or other Person who makes this Return
- Address, *No. 13 Patterson Park*
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

57718

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 11 1881*  
 4. Place of Birth (Street and Number) *197 Forest St.*  
 5. Full Name of Mother *Maggie Burke*  
 6. Mother's Maiden Name *Moore*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Joseph H. Burke*  
 9. Father's Occupation *Butcher*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Edw. A. Carter*  
 Address *157 Asquith St*  
 Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51719

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>ed</sup>  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, November 11<sup>th</sup> 1891  
4. Place of Birth, (Street and Number) No 378 N. Gay St  
5. Full Name of Mother, Bell Sappington  
6. Mother's Maiden Name, Bell Simpson  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Wm Sappington  
9. Father's Occupation, Clerk  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, Miss M. A. Bell or other Person who makes this Return  
Address, No 165 L. E. cor. Central av & Monument St.  
Remarks, All Well



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31720

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Girl Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 11th 1881

4. Place of Birth, (Street and Number)

No 10 Curley street canton

5. Full Name of Mother,

Clara Samsel

6. Mother's Maiden Name,

Clara Saylor

7. Mother's Birthplace,

York Pa

8. Full Name of Father,

George E. Samsel

9. Father's Occupation,

Boiler maker

10. Father's Birthplace,

Geel co Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Syllens

Address,

104 Curley street canton

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51791

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Nov 11/81
4. Place of Birth, (Street and Number) 215 Lexington St
5. Full Name of Mother, Anna Heinke
6. Mother's Maiden Name, Anna Feldman
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Heinke
9. Father's Occupation, Wholesale
10. Father's Birthplace, Germany
- Name of Medical Attendant, Dr. Allen M.D.  
or other Person who makes this Return
- Address, 89 N. Greene St
- Remarks, \_\_\_\_\_

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

37/221

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *November 11<sup>th</sup> 1881*
3. Date of Birth, *No 270 S Bond st*
4. Place of Birth, (Street and Number)
5. Full Name of Mother, *Lizzie Walpert*
6. Mother's Maiden Name, *" Kraus*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Julius Walpert*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Bets*
- Address *120 Bond St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 11 1881

4. Place of Birth, (Street and Number)

136 S Sharp St

5. Full Name of Mother,

Burnetta Kahl

6. Mother's Maiden Name,

Burnetta Fahl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

D. F. Kahl

9. Father's Occupation,

Stone Keeper

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

G. W. Hiltner

Address,

121 N. Howard St

Remarks,

# RETURN OF A BIRTH

51731

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 12 1891

4. Place of Birth, (Street and Number) No 31 Wendover Street

5. Full Name of Mother, G. Estlin

6. Mother's Maiden Name, G. Phillips

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Estlin

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. Schmitt

Address,

No 428 Penna Avenue

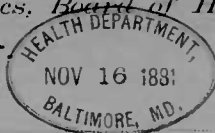
Remarks,

born, is or their physical condition, whether still-born or not, the full name, date of birth, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

57732

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

Nov 12th 1881

4. Place of Birth, (Street and Number)

127 Bethel

5. Full Name of Mother,

Martina Spence

6. Mother's Maiden Name,

Martina Lee

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Spence

9. Father's Occupation,

Cyberhucker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucy Woolford

Address,

130 Regester st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 12<sup>th</sup>, '81.*
4. Place of Birth (Street and Number) *109 Brimfield Ave.*
5. Full Name of Mother *Elizabeth Bender*
6. Mother's Maiden Name *Hassmann*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *George Bender*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. B. Rider,*
- Address *87 Mulberry St.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

517311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

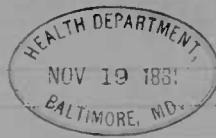


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 12/01*
4. Place of Birth (Street and Number) *#389 Park Ave*
5. Full Name of Mother *Martha G. Reeves*
6. Mother's Maiden Name *Martha G. Gower*
7. Mother's Birthplace *London, Co. Va*
8. Full Name of Father *Edwin Reeves*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Bucto. Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Thomas Shearer*
- Address *97 N. Charles St*
- Remarks



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Nov. 12

161 W Lombard St. (Maternity)

Antonia Fiel

"Germany"

Unknown

L. L. Bitting M.D.  
Residing Physician

L. O. J. A. Baptized Peruvian  
Illegitimate

of the parents, and the maiden name of the mother of such child or children."

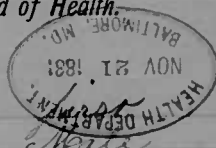
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-  
born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or child-

# RETURN OF A BIRTH.

51736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 12 1881*
4. Place of Birth (Street and Number) *W. B. Desbary 12-123 ally*
5. Full Name of Mother *John Butler*
6. Mother's Maiden Name *Butler*
7. Mother's Birthplace *Annapolis Md.*
8. Full Name of Father *Moses Johnson*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Cornish*
- Address *corner Chestnut ally near st*
- Remarks *The child is of the color*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov<sup>r</sup> 12, 1881

4. Place of Birth (Street and Number)

29 Thomas

5. Full Name of Mother

Ellen Christman

6. Mother's Maiden Name

Ellen Fitzgerald

7. Mother's Birthplace

Wales

8. Full Name of Father

Daniel Christman

9. Father's Occupation

Labour

10. Further's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louisa Smith

Address

Child's Name Edward Leslie Christman

Remarks

name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51738

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12<sup>th</sup> November 1881
4. Place of Birth (Street and Number) W. E. Co. Chester and Pratt Sts.
5. Full Name of Mother Isabella Woodford
6. Mother's Maiden Name " Manchester
7. Mother's Birthplace Balto
8. Full Name of Father James Woodford
9. Father's Occupation Coal Dealer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address

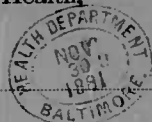
Remarks

J. S. Grop  
137 Calverton St.

# RETURN OF A BIRTH

51739

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

November 12<sup>th</sup> 1881

Place of Birth, (Street and Number)

No. 145 Hunter St.

Full Name of Mother,

Margretha Snyder

Mother's Maiden Name,

Margretha Eick

Mother's Birthplace,

Baltimore County

Full Name of Father,

Louis Snyder

Father's Occupation,

House Carpenter

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. M. A. Burr

Address,

No. 185 L.E. cor Central and Monument St.

Remarks,

All Well

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 12 71*

4. Place of Birth, (Street and Number) *N 128 Henrietta St*

5. Full Name of Mother, *Mary Imtermann*

6. Mother's Maiden Name, *Mary Miller*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Frank Imtermann*

9. Father's Occupation, *Furniture Dealer*

10. Father's Birthplace, *Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return *Perforated Mink*

Address, *1 Laidlaw St*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) color
4. Date of Birth, 12th of November
5. Place of Birth, (Street and Number) in town St 138
6. Full Name of Mother, Elisebeth Periel
7. Mother's Maiden Name, Murry
8. Mother's Birthplace, Baltimore
9. Full Name of Father, David Periel
10. Father's Occupation, single occupation
11. Father's Birthplace, Thentisland M & I
12. Name of Medical Attendant, or other Person who makes this Return, Angelina Wilson
13. Address, Warmer St 194
14. Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

Seventh  
Male

White

Nov. 13<sup>th</sup> / 1881

No. 97 Albemarle St.

Lucy Keller

Lady M. Cluskey

Ireland

John Keller

Mainey

Philadelphia Pa

Mrs Eliza Symmings

No. 93 Albemarle St.

(City)

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ... Female
2. Race or Color, (if not of the white race) ... White
3. Date of Birth, ... 11 of November
4. Place of Birth, (Street and Number) ... No 232 Whittier St
5. Full Name of Mother, ... Mary Miller
6. Mother's Maiden Name, ... Henry Rindby
7. Mother's Birthplace, ... Baltimore
8. Full Name of Father, ... Frederick Miller
9. Father's Occupation, ... Carpenter
10. Father's Birthplace, ... La Harve
- Name of Medical Attendant, or other person who makes this return ... Joseph J. ...
- Address, ... Miller St.
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51745

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 Child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

19 Nov 1881

4. Place of Birth, (Street and Number)

331 Shamburg St

5. Full Name of Mother,

Katie Glaser

6. Mother's Maiden Name,

Katie Simon

7. Mother's Birthplace, .....

Germany

8. Full Name of Father,

John Glaser

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Mary Magarinos  
Russell St N.Y.C.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 51746

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) W.C.
3. Date of Birth the 13 of Nov
4. Place of Birth, (Street and Number) No 9 Convent St
5. Full Name of Mother Anne David
6. Mother's Maiden Name Anne Wilson
7. Mother's Birthplace Ireland
8. Full Name of Father George Wilson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lamm
- Address 177 Hager St
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

2. Sex, (state whether male or female)

*Male.*

3. Race or Color, (if not of the white race)

*White.*

4. Date of Birth,

*November 13<sup>th</sup> 1881*

5. Place of Birth, (Street and Number)

*No. 75 Pearl St.*

6. Full Name of Mother,

*Mollie Blackstone Morris.*

7. Mother's Maiden Name,

*Shanks.*

8. Mother's Birthplace,

*St. Marys County Md.*

9. Full Name of Father,

*William Montraville Morris.*

10. Father's Occupation,

*Driver.*

11. Father's Birthplace,

*Philadelphia.*

Name of Medical Attendant, or other Person who makes this Return

*Chas. E. Wingo M.D.*

Address,

*224 Saratoga Street*

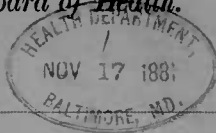
Remarks,

of the parents, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov 13 1881.  
544. W. Lexington St.  
Frances Mandellaund.  
Frances Mandellaund.  
Baltimore City.  
Ansel Mandellaund.  
Salesman.  
Winchester, Va.  
John D. R. M. M. M. M.  
273. W. Lexington St.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 13 1881

4. Place of Birth, (Street and Number)

27 Darglass St

5. Full Name of Mother,

Victoria Bowen

6. Mother's Maiden Name,

Victoria Parker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Physician

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Harriet Jackson

Name of Medical Attendant, or other Person who makes this Return.

145 Forest St

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 13th, 1881*
4. Place of Birth, (Street and Number) *No. 169 E Pratt st*
5. Full Name of Mother, *Mrs Lizzie Seidler*
6. Mother's Maiden Name, *Duling*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Albert Seidler*
9. Father's Occupation, *Black*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Mrs Getzke*  
or other Person who makes this Return

Address, *No. 85 S Bond st*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, Nov 15 1881.

5. Place of Birth, (Street and Number) No 65 S. Bethel st

6. Full Name of Mother, Mrs Lizzie Rau

7. Mother's Maiden Name, " " Storch

8. Mother's Birthplace, Baltimore

9. Full Name of Father, John Rau

10. Father's Occupation, Laborer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S. Bond st

Remarks,

of the parents, and the maiden name of the mother of such child or children."



# RETURN OF A BIRTH

51752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *12<sup>th</sup> of Nov.*
4. Place of Birth, (Street and Number) *Baltimore Md. Durham St. No. 126*
5. Full Name of Mother, *Sina Camper*
6. Mother's Maiden Name, *Robinson*
7. Mother's Birthplace, *Eds Island Talchester county*
8. Full Name of Father, *Jimmie Camper*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Church Creek*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Susan Morgan*
- Address, *No. 47 North Durham street*
- Remarks,

of city, township, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51753

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

Nov 13 1891

# 1307 Park. ave

M. J. Smith

M. J. Evans

Monongahela, Co. Va

Rev. Franklin Smith

Merchant

Marion, Co. Va

Thomas Shearer

97 N. Charles St

THIS IS TO CERTIFY, that the above is a true and correct copy of the original record of birth, as filed in the office of the Registrar of Vital Statistics, Baltimore City, and that the same has been duly examined and found correct.

517571

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 13 1881

4. Place of Birth (Street and Number)

13 N Eutaw St

5. Full Name of Mother

Theresa Elsen

6. Mother's Maiden Name

Theresa Gumpertich

7. Mother's Birthplace

Germany

8. Full Name of Father

Alexander Elsen

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. A. Howard M.D.

Address

Remarks

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51753

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 13 1881

4. Place of Birth (Street and Number)

254 E. Madison St.

5. Full Name of Mother

Amelia Adler

6. Mother's Maiden Name

Amelia Herzberg.

7. Mother's Birthplace

City -

8. Full Name of Father

Arnon Adler

9. Father's Occupation

Merchant

10. Father's Birthplace

City -

Name of Medical Attendant, or other Person who makes this Return.

J. B. Armstrong

Address

Remarks

# RETURN OF A BIRTH

51756

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) =

3. Date of Birth, 13 Nov

4. Place of Birth, (Street and Number) No 63 Bank St

5. Full Name of Mother, Lizzie Schmidt

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhard Schmidt

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Joseph Simon

Address, No 70 Frank St

Remarks,

of Parent, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51757

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Balti. # 481 Light St

5. Full Name of Mother,

Sarah Francis Munnally

6. Mother's Maiden Name,

Meanley

7. Mother's Birthplace,

Richmond Va.

8. Full Name of Father,

Robert Emmett Munnally

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Richmond Va.

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

51738

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

F

2. Race or Color (if not of the white race)

W

3. Date of Birth

Nov 13 81.

4. Place of Birth (Street and Number)

90 Banne

5. Full Name of Mother

Susan V. Wilborn

6. Mother's Maiden Name

Stevens

7. Mother's Birthplace

Balto

8. Full Name of Father

John Thos. Wilborn

9. Father's Occupation

Salesman

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

D. L. McKew MD

Address

154 Sharp St

Remarks

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH, 31739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth

13<sup>th</sup> Nov 1881

4. Place of Birth, (Street and Number)

327 Light

5. Full Name of Mother

Annie Ford

6. Mother's Maiden Name

Harrison

7. Mother's Birthplace

Balt

8. Full Name of Father

Geo. Ford

9. Father's Occupation

Muckster

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this return.

J. W. Webster

Address

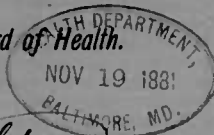
59 W. 1<sup>st</sup> St

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*  
 1. Sex (state whether Male or Female) *male child*  
 2. Race or Color (if not of the white race) *Collard child*  
 3. Date of Birth *November 13th 1881*  
 4. Place of Birth (Street and Number) *No 8 1/2 Jasper, St,*  
 5. Full Name of Mother *Mrs Mary Green*  
 6. Mother's Maiden Name *Miss Mary Holland*  
 7. Mother's Birthplace *West river,*  
 8. Full Name of Father *Mr Daniel, Green,*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *Born in Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah, DeWoll*  
 Address *No 9 Jasper, Street,*  
 Remarks

best, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51761

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 13 1881
4. Place of Birth (Street and Number) No 317 Maryland St
5. Full Name of Mother Catharine Smyth
6. Mother's Maiden Name Catharine Behrville
7. Mother's Birthplace Walthamville, Baltimore Co. Md
8. Full Name of Father Lebanon Smyth
9. Father's Occupation Timber
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Wollen
- Address 120 Greenmount av
- Remarks

# RETURN OF A BIRTH

51762

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of November

4. Place of Birth, (Street and Number)

732 Union St.

5. Full Name of Mother,

Mrs Henry D Harris

6. Mother's Maiden Name,

Esmat of Bond

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr Henry D Harris

9. Father's Occupation,

Silver Chaser

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sumnerfield

Address,

38 Pennsylvania Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Nov 13th

5. Place of Birth, (Street and Number)

Low St No 45

6. Full Name of Mother,

Mrs Kester Jacob

7. Mother's Maiden Name,

Kester Livingston

8. Mother's Birthplace,

Poland

9. Full Name of Father,

Isaac Jacob

10. Father's Occupation,

Tailor

11. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return

Lumberman Dr. Galtman

Address,

No 28 2nd Street N York

Remarks,

of the person, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51764

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown Skin
3. Date of Birth, 13th of November
4. Place of Birth, (Street and Number) 210 22 Black Hallin St 21
5. Full Name of Mother, Katie Marshall
6. Mother's Maiden Name, Katie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Marshall
9. Father's Occupation, Laborer
- Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Hall

Address, 210 22 Black Hallin Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51765

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

Nov 13<sup>th</sup> 1881

5. Place of Birth, (Street and Number)

48 Barr St

6. Full Name of Mother,

Geneva Lynch

7. Mother's Maiden Name,

Geneva Stanton

8. Mother's Birthplace,

Prince Georges Co. Md

9. Full Name of Father,

Lemuel F. Lynch

10. Father's Occupation,

laborer

11. Father's Birthplace,

Prince Georges Co. Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook, M.D.

Address,

146 N. Howard St

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 November

4. Place of Birth, (Street and Number) Eden Street 160

5. Full Name of Mother, Emelia Hamman

6. Mother's Maiden Name, Emelia Hamman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, Fredrick Thuesmann

or other Person who makes this Return

Address, 197 South Dillard Street

Remarks, Midwife

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
11. Name of Medical Attendant, or other Person who makes this Return
- Address,
- Remarks,

2d

female

white

13 November 1881

E Biddle St 279

Caroline Scott Mann

Baltimore City

Harry Mann

Lawyer

Baltimore City

224 W Fayette Street



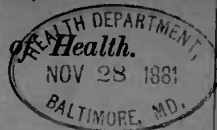
# **NOTICE**

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was received in the same  
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**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH,

the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



Age of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
Sex whether male or female female  
Color, (if not of the white race) white race  
Birth November the 12  
Place of Birth, (Street and Number) Baltimore Byrd St No 12  
Name of Mother Elizabeth Herbert  
Maiden Name Elizabeth Lewis  
Birthplace Darchester Co Md  
Name of Father Leven Herbert  
Occupation laborer  
Birthplace Darchester Co Md  
Medical Attendant, or other Person who makes this return. Elizabeth Herbert  
William St No 374

# RETURN OF A BIRTH

51769

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



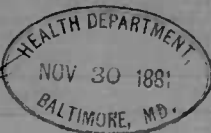
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.  
 Sex, (state whether male or female) Male  
 Race or Color, (if not of the white race) White  
 Date of Birth, November 13th 1881  
 Place of Birth, (Street and Number) No. 75 McClellan St.  
 Full Name of Mother, Annie Clepple  
 Mother's Maiden Name, Annie Waldenshrutt  
 Mother's Birthplace, Germany  
 Full Name of Father, Harman Clepple  
 Father's Occupation, Cabinet-maker  
 Father's Birthplace, Germany  
 Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt  
 Address, No 165 S.E. cor Central av. & Monument St.  
 Remarks, All Well

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51776

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*the 6 child*

1. Sex, (state whether male or female)

*male child*

2. Race or Color, (if not of the white race)

*white one*

3. Date of Birth,

*the 13 of november*

4. Place of Birth, (Street and Number)

*14 1/2 Schroeder Street*

5. Full Name of Mother,

*Sarah Brown*

6. Mother's Maiden Name,

*Sarah Shading*

7. Mother's Birthplace,

*York pa Paul Brown*

8. Full Name of Father,

*York pa*

9. Father's Occupation,

*Shoe maker*

10. Father's Birthplace,

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Mrs. Quander*

Address,

*12 1/2 Schroeder*

Remarks,

Be careful to state the name of the mother of such child or children.

# RETURN OF A BIRTH

51771

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 13, 1881

4. Place of Birth, (Street and Number)

24 Bettelst. No 35

5. Full Name of Mother,

Mary Mumbach

6. Mother's Maiden Name,

Yauertland

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Albert Mumbach

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Mumbach

Address,

24 Bettelst. No 35

Remarks,

# RETURN OF A BIRTH

51779

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 13, 1881

4. Place of Birth, (Street and Number)

64 N. Liberty St.

5. Full Name of Mother,

Mary L. Borus.

6. Mother's Maiden Name,

Mary L. Wolfe.

7. Mother's Birthplace,

Maryland

8. Full Name of Father.

Edward C. Borus.

9. Father's Occupation,

Deputy Warden Balt. City Jail -

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

D. W. Honck M.D.

Address,

78 E. Baltimore St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ch

1. Sex (state whether ~~male~~ or female) W

2. Race or Color, (if not of the white race) W

3. Date of Birth Nov 13 1881

4. Place of Birth, (Street and Number) N. 393 Gilman St

5. Full Name of Mother Alice Lyons

6. Mother's Maiden Name Alice Ginnell

7. Mother's Birthplace Baltimore

8. Full Name of Father George Lyons

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.

Address 28 Franklin St

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Third child
- Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... 13 November 1881
4. Place of Birth, (Street and Number) ..... 39 Ryan St
5. Full Name of Mother, ..... Mary Elizabeth Gandy
6. Mother's Maiden Name, ..... German
7. Mother's Birthplace, ..... German
8. Full Name of Father, ..... John Gandy Gandy
9. Father's Occupation, ..... Agent
10. Father's Birthplace, ..... German
- Name of Medical Attendant, or other Person who make this Return ..... Katherine Deek
- Address, .....
- Remarks, .....

PRINTED BY THE CITY OF BALTIMORE, 1881.



# RETURN OF A BIRTH

51775

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

# RETURN OF A BIRTH

51776

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th  
Female

2. Sex, (state whether male or female).

3. Race or Color, (if not of the white race)

4. Date of Birth,

Nov. 13 1881

5. Place of Birth, (Street and Number)

24 Willow St.

6. Full Name of Mother,

Mary A. McGuire

7. Mother's Maiden Name,

" Barron

8. Mother's Birthplace,

Ireland

9. Full Name of Father,

Bernard McGuire

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McGuire

Address,

169 N. Calver St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

State, or their typical complexion, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11.12.1891*

4. Place of Birth, (Street and Number) *1111 S. Baltimore St*

5. Full Name of Mother, *Jane Givings*

6. Mother's Maiden Name, *Jane Howell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Givings*

9. Father's Occupation, *Blk. Rest. Mstr*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Joseph G. Givings*

or other Person who  
makes this Return

Address, *1111 S. Baltimore St*

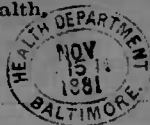
Remarks,

# RETURN OF A BIRTH

51778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5 Child  
Male.

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

November 14<sup>th</sup> 1881

4. Place of Birth, (Street and Number) ..

216. George St.

5. Full Name of Mother, ..

Mary Safen

6. Mother's Maiden Name, ..

" " Imwald.

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

John Safen.

9. Father's Occupation, ..

Trimmer.

Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner.

Address, ..

No 45 S. Monroe St.

Remarks, ..

# RETURN OF A BIRTH

51779

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

November 11 1891

Place of Birth, (Street and Number)

# 129 Hill St.

Full Name of Mother,

Mary Klein

Mother's Maiden Name,

Klitch

Mother's Birthplace,

Baltimore

Full Name of Father,

Joseph Klein

Father's Occupation,

Carpenter

Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

# 328. Stanton St.

Remarks,

of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

51780

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14 1931

4. Place of Birth, (Street and Number)

# 376 E. Eutan St.

5. Full Name of Mother,

Rosalie Medel

6. Mother's Maiden Name,

Morty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Medel

9. Father's Occupation,

Glass - blower.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kroll

Address,

# 328 E. Eutan St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

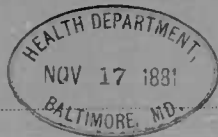
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 November

4. Place of Birth, (Street and Number) 52 Eden street

5. Full Name of Mother, Ella Rutherford

6. Mother's Maiden Name, Ella Nelson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rutherford

9. Father's Occupation, Watchman

Father's Birthplace, ~~State~~ Mobile

Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Allig

Address, 115 Bond Street

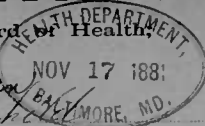
Remarks, ...

# RETURN OF A BIRTH

51782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Olive Desken*

*3rd Child*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Dec. 14th 81*

4. Place of Birth, (Street and Number)

*at 754 Hanover st*

5. Full Name of Mother,

*Kasalie Desken*

6. Mother's Maiden Name,

*Kalinus*

7. Mother's Birthplace,

*America*

8. Full Name of Father,

*Oliver Kalinus Desken*

9. Father's Occupation,

*Glassblatter*

Father's Birthplace,

*France*

Name of Medical Attendant, or other Person who makes this Return

*J. Schwaerer midwife*

Address,

*330 Hanover st*

Remarks,

**GIVEN NAME ADDED**

*11-27-51*

of the parents, and the maiden name of the mother of such child or children.



born, is or their physical condition, whether married or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5<sup>th</sup>  
1. Sex, (state whether male or female)... Male  
2. Race or Color, (if not of the white race)... Colored  
3. Date of Birth... Nov 14<sup>th</sup> 1881  
4. Place of Birth, (Street and Number)... Wheeler St No 15  
5. Full Name of Mother... Harriet Grace  
6. Mother's Maiden Name... Harriet Gibson  
7. Mother's Birthplace... Eastern Talbot Co Md  
8. Full Name of Father... James Grace  
9. Father's Occupation... Laborer  
10. Father's Birthplace... Eastern Talbot Co Md  
Name of Medical Attendant, or other Person who makes this Return... Harriet Jackson  
Address... # 5 Barclay St  
Remarks...

# RETURN OF A BIRTH

517811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

Nov. 14/87

4. Place of Birth, (Street and Number)

107 S. Broadway

5. Full Name of Mother,

Emma Traush

6. Mother's Maiden Name,

Emma Hayner

7. Mother's Birthplace,

Penna.

8. Full Name of Father,

William Traush

9. Father's Occupation,

Sewing machine dealer

Father's Birthplace,

Penna.

Name of Medical Attendant, or other Person who makes this Return.

S. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

of this parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

male  
white  
12 4 1891  
Battery Avenue 1467  
Ely's Jam Cuscutt  
" " Iron  
Baltimore  
William Mose Cuscutt  
trading agent  
Washington Cold Storage Co. Va  
Mrs. Cuscutt

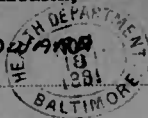
All living well

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51786

To the Office of Registrar of Vital Statistics, Board of Health,  
**CERTIFICATE CORRECTED** 4-14-49 ~~BALTIMORE~~ CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

First HOWARD EDWARD  
 MANLEY

1. Sex, (state whether male or female)

MALE

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14<sup>th</sup>

4. Place of Birth, (Street and Number)

No 127 Port ave.

5. Full Name of Mother,

Katie Elizabeth Manley

6. Mother's Maiden Name,

Drewis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Joseph Manley

9. Father's Occupation,

Fish Dealer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Conway

Address

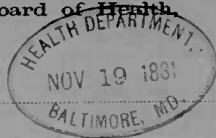
Remarks

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *November 14*
4. Place of Birth, (Street and Number) *Baltimore City Fremont St 222*
5. Full Name of Mother, *Laura Ann Ball*
6. Mother's Maiden Name, *Laura Anna Miller*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Sam Ball*
9. Father's Occupation, *Leather Dresser*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

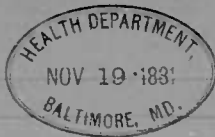
Address,

Remarks,

*Mrs Mary Chaffer*  
*114 Ridge St*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Boy  
White

Nov 14 1881

161 W. Lombard (Maternity)

State Jones  
Baltimore  
Maryland

L. L. Bittorf, M.D.

161 W. Lombard St.

L. O. I. Ant - Illegitimate

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Nov 14th 1881*  
 4. Place of Birth, (Street and Number) *572 W. Payette St*  
 5. Full Name of Mother, *Fannie L. Ball*  
 6. Mother's Maiden Name, *Fannie L. Kedgman*  
 7. Mother's Birthplace, *Georgetown*  
 8. Full Name of Father, *Isaac Locke Ball*  
 9. Father's Occupation, *Managing Editor*  
 10. Father's Birthplace, *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return *A. C. Fox M.D.*  
 Address, *467 W. Payette St*  
 Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Monday, November 14, 1921*

4. Place of Birth, (Street and Number) *No 2 Constitution St*

5. Full Name of Mother, *Katarina Porries*

6. Mother's Maiden Name, *Katarina Tichterman*

7. Mother's Birthplace, *Bismarck, Germany*

8. Full Name of Father, *Charles Porries*

9. Father's Occupation, *Cigar manufacturing*

10. Father's Birthplace, *Bismarck, Germany*

Name of Medical Attendant, or other Person who makes this Return *Charles H. Porries*

Address, *Stephen D. H. Galvan*

Remarks, *Trinitatis R. 28*

of the parents, and the maiden name of the mother of such child or children."



# **NOTICE**

**The succeeding document  
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pleteness.**

# RETURN OF A BIRTH, 51791

Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.) 4th  
Whether male or female female  
Race, (if not of the white race) white race  
Place of birth Baltimore Md  
Birth, (Street and Number) Baltimore Fort at No 92  
Name of Mother Emma Baker  
Maiden Name McKinnon  
Place of birth Baltimore  
Name of Father Charles Baker  
Occupation bricklayer  
Place of birth Baltimore  
Medical Attendant, or other Person who makes this return. Elizabeth Flaherty  
William St No 374

# RETURN OF A BIRTH

51792

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14 November 1881*
4. Place of Birth, (Street and Number) *260 South Dallas Street*
5. Full Name of Mother, *Justine Hunter Hill*
6. Mother's Maiden Name, *Justine Herschel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Hunter*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Frederick Kaufmann*
- Address, *147 South Dallas Street*
- Remarks, *Widow*

of the parents, and the maiden name of the mother of such child or children."

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH, 51793

Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 whether male or female) Male  
 Color, (if not of the white race) white race  
 Birth September the 1st  
 Birth, (Street and Number) Baltimore Burch st city  
 of Mother Margaret Blouch  
 Maiden Name Margaret Allen  
 Birthplace Baltimore  
 of Father Henry Blouch  
 Occupation laborer  
 Birth Lancaster Pa  
 Medical Attendant, or other Person who makes this Return. Elizabeth Hathon  
William St. Albans

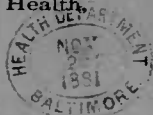
of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

517911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14<sup>th</sup> Nov 1891

4. Place of Birth, (Street and Number)

Balti Durham st No 317

5. Full Name of Mother,

Maria Linka

6. Mother's Maiden Name,

Mary Stankov

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

J. Linka

9. Father's Occupation,

Builder

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Stankov

Address,

69 R. Washington

Remarks,

Mary Stankov

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

31795

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 24 1881

4. Place of Birth, (Street and Number) 257 N. Fremont St.

5. Full Name of Mother, Ellen Margaret Lyons

6. Mother's Maiden Name, Ronan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Timothy Lyons

9. Father's Occupation, Streetcar

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Marbury Brown M.D.

Address, 65 N. Calvert Street

Remarks, .....

# RETURN OF A BIRTH

51796

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(2d) Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 14<sup>th</sup> 1881*

4. Place of Birth, (Street and Number) *E. Monument 293*

5. Full Name of Mother, *Mary L. Reynolds*

6. Mother's Maiden Name, *Mary L. Gardner*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Francis H. Reynolds*

9. Father's Occupation, *Clergyman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*

Address, *124 N. Eyster St.*

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and religion of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

51797

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14 1881

4. Place of Birth, (Street and Number)

344 N. Fremont St

5. Full Name of Mother,

Martha E. Connor

6. Mother's Maiden Name,

Martha E. Connor

7. Mother's Birthplace,

Connecticut

8. Full Name of Father,

Dr. H. H. Hecox

9. Father's Occupation,

Business Agent

Father's Birthplace,

Connecticut

Name of Medical Attendant, or other Person who makes this Return

J. H. Hecox

Address,

171 N. Howard St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 409 Madison St
5. Full Name of Mother, Hannah Louise Crawford
6. Mother's Maiden Name, H. L. Dwyer
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Jas B Crawford
9. Father's Occupation, Merchant
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this Return Dr. H. L. Dwyer
- Address. 1727 N. Howard St
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51799

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>3</sup>

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) .

3. Date of Birth, .....

14 Nov

4. Place of Birth, (Street and Number)

6 S Bethel

5. Full Name of Mother, .....

Jenny Mills  
Tayler

6. Mother's Maiden Name, .....

Bell

7. Mother's Birthplace, .....

8. Full Name of Father, .....

William Mills

9. Father's Occupation, .....

Captain

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Craft

Address, .....

236 Canton Ave

Remarks, .....

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14 - 1881

4. Place of Birth, (Street and Number)

No 217 Saratoga St.

5. Full Name of Mother,

Laura Virginia Sinclair

6. Mother's Maiden Name,

Bowers

7. Mother's Birthplace,

Carroll County Md.

8. Full Name of Father,

Francis Poulsen Sinclair

9. Father's Occupation,

Cigar Maker.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Chas E. Hingo M D

Address,

224 Saratoga St.

Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 14<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *53 Brune st*
5. Full Name of Mother *Maggie Mentzel*
6. Mother's Maiden Name *" Rumney*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry David Mentzel*
9. Father's Occupation *Paper Manufacturer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Jos. E. Gibbons M.D.*
- Address *47 Edmondson ave*
- Remarks

within six days thereafter, giving briefly the name, sex, age, date of birth, place of birth, date of death, and residence of the child, and the name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boys

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14. Novem.

4. Place of Birth, (Street and Number) 48. St. St.

5. Full Name of Mother, Maria Moses

6. Mother's Maiden Name, Schini

7. Mother's Birthplace, Italy

8. Full Name of Father, John Moses

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, Josephine Kearney  
or other Person who makes this Return

Address, 22 Barnes St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

57513

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *November 15, 1891.*
  4. Place of Birth, (Street and Number) *Mulikin St., No. 103.*
  5. Full Name of Mother, *Sarah Frost*
  6. Mother's Maiden Name, *Sarah M. Devitt*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *Thomas B. Frost*
  9. Father's Occupation, *Bar. Keeper*
  10. Father's Birthplace, *Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*  
Address, *114 E. 11<sup>th</sup> St.*
- Remarks,

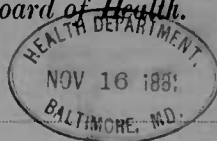
State of Maryland, Office of Registrar of Vital Statistics, Baltimore City.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *15th November 1881*
4. Place of Birth (Street and Number) *4th and St.*
5. Full Name of Mother *Mary V. Williams*
6. Mother's Maiden Name *Mary V. Becker*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Joseph Williams*
9. Father's Occupation *House Clipper*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *R. C. Harris*
- Address *No 5 Becker Court*
- Remarks *Fine Child but has a double mole in the head.*



# RETURN OF A BIRTH,

51805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 15, 1881

4. Place of Birth, (Street and Number)

No. 59 South Caroline St.

5. Full Name of Mother

Mrs. Jane Gray

6. Mother's Maiden Name

Mrs. Jane Faulkner

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Mr. Wm H. Gray

9. Father's Occupation

Produce Dealer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return.

Wm H. Colquhoun, M.D.

Address

No 102 N Broadway

Remarks

# RETURN OF A BIRTH

51506

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 15, 1881

4. Place of Birth, (Street and Number)

70. Brossle st.

5. Full Name of Mother,

Emma Jane Volkman

6. Mother's Maiden Name,

Emma Jane Cogswell

7. Mother's Birthplace,

Alexandria Va.

8. Full Name of Father,

Henry August Volkman

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this return.

Mrs. Kurigunda Schlifer

Address,

20 Columbia st

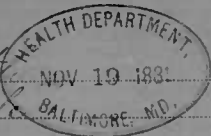
Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51807

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..... *Female*

2. Race or Color, (if not of the white race) .....

3. Date of Birth, ..... *November 15 '81*

4. Place of Birth, (Street and Number) ..... *234 N Bond St*

5. Full Name of Mother, ..... *Margaret A Lilsinger*

6. Mother's Maiden Name, ..... *Fishbaugh*

7. Mother's Birthplace, ..... *Maryland*

8. Full Name of Father, ..... *Augustus M Lilsinger*

9. Father's Occupation, ..... *Laborer*

10. Father's Birthplace, ..... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return ..... *Henry A. Mervell*

Address, ..... *286 N. Bond St*

Remarks, .....

For printing, use only the name of the mother of such child or children.

# RETURN OF A BIRTH

57808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) ..... *White*
3. Date of Birth, ..... *15 of December*
4. Place of Birth, (Street and Number) ..... *84 Coltington St*
5. Full Name of Mother, ..... *Mary Small*
6. Mother's Maiden Name, ..... *Colton*
7. Mother's Birthplace, ..... *Baltimore*
8. Full Name of Father, ..... *Joseph Small*
9. Father's Occupation, ..... *Commission merchant*
10. Father's Birthplace, ..... *Carol County*
- Name of Medical Attendant, or other Person who makes this Return ..... *Mrs Wiley*
- Address ..... *No 12 Patterson*
- Remarks, .....

# RETURN OF A BIRTH

51509

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 15th*
4. Place of Birth, (Street and Number) *No 52 Division Street*
5. Full Name of Mother, *Friedrich Wieckert*
6. Mother's Maiden Name, *Friedrich Mann*
7. Mother's Birthplace, *Baltimore Street*
8. Full Name of Father, *Henry David Wieckert*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Pennsylvania Ave.*
- Name of Medical Attendant, or other Person who makes this Return, *Mr Sommerfeld.*
- Address, *No 38 Penna Ave*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Light Brown
3. Date of Birth fifteenth of November 1881.
4. Place of Birth (Street and Number) York St. No. 134
5. Full Name of Mother Martha H. Galloway
6. Mother's Maiden Name Martha H. Russell
7. Mother's Birthplace Leover St.
8. Full Name of Father John E. Russell
9. Father's Occupation Steward
10. Father's Birthplace Sandy Spring Montgonery
- Name of Medical Attendant, or other Person who makes this Return. John Russell
- Address 134 York St.
- Remarks

# RETURN OF A BIRTH

51811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *November 15<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *75 Kensington Ave*
5. Full Name of Mother, *Martina Williams*
6. Mother's Maiden Name, *Ell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Williams*
9. Father's Occupation, *Head carrier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *Amelia Johnson*
- Address, *6. H. ...*
- Remarks,

# RETURN OF A BIRTH

31812

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1 Sex, (state whether male or female) *Male*

2 Race or Color, (if not of the white race) *Light complexion*

3 Date of Birth, *November 13<sup>th</sup> 1881*

4 Place of Birth, (Street and Number) *7 Embury St.*

5 Full Name of Mother, *Anna Chambers*

6 Mother's Maiden Name, .....

7 Mother's Birthplace, *Belgium*

8 Full Name of Father, .....

9 Father's Occupation, .....

10 Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St*

Remarks, *Blank's impression*



# RETURN OF A BIRTH

57813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

Dec. 15th

5. Place of Birth, (Street and Number)

11 Bank St

6. Full Name of Mother,

Katherine Petich

7. Mother's Maiden Name,

Cullahan

8. Mother's Birthplace,

Ireland

9. Full Name of Father,

Levin Petich

10. Father's Occupation,

Lab. &c.

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address

72 Lombard St

Remarks

of the father, with the maiden name of the mother of such child, or children.

# RETURN OF A BIRTH

318111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. S. x, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Nov. 15th
4. Place of Birth, (Street and Number) 121 S. Eden St.
5. Full Name of Mother, Mathina Leebus
6. Mother's Maiden Name, Kraft
7. Mother's Birthplace, Belle Me
8. Full Name of Father, John Leebus
9. Father's Occupation, Labour
10. Father's Birthplace, Belle Me

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

# RETURN OF A BIRTH.

31813

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov 15<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *276 Ramsey St*
5. Full Name of ~~Mother~~ *Father* *James H. Holland*
6. Mother's Maiden Name *Fanny Eney*
7. Mother's Birthplace *Beth Md*
8. Full Name of ~~Father~~ *Mother* *Fanny Holland*
9. Father's Occupation *mechanic*
10. Father's Birthplace *Wilmington*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Miller M.D.*
- Address *41 N. Carey St*
- Remarks

# RETURN OF A BIRTH

51816

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15 November 1881*

4. Place of Birth, (Street and Number) *363 South Dallas Street*

5. Full Name of Mother, *Maggie Heller*

6. Mother's Maiden Name, *Maggie Foster*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Heller*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Fredricka Haefmann*

Address, *197 South Dallas Street*

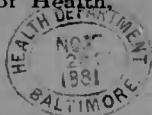
Remarks, *Healthy*

# RETURN OF A BIRTH

5187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

2. Sex, (state whether male or female) *Girl*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *15<sup>th</sup> Nov 1881*

5. Place of Birth, (Street and Number) *Balto. Orleans st No 321*

6. Full Name of Mother, *Bma G. Hiettrich*

7. Mother's Maiden Name,

8. Mother's Birthplace, *Germany*

9. Full Name of Father, *Geo. Hiettrich*

10. Father's Occupation, *Merchant*

11. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary D. Hapner*

Address, *69 Maryland*

Remarks, *Mary D. Hapner*

# RETURN OF A BIRTH

51818

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15<sup>th</sup> Nov 1881

4. Place of Birth, (Street and Number)

Balto Duncan st No

5. Full Name of Mother,

Barbara Garauzbek

6. Mother's Maiden Name,

B. Janka

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

J. Garauzbek

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Dapitel

Address,

69 N Washington st

Remarks,

Mary Dapitel

been, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) 2 Females
2. Race or Color (if not of the white race) White
3. Date of Birth November the 15- 1881
4. Place of Birth (Street and Number) 396 McHenry St Baltimore
5. Full Name of Mother Marrie Reynolds
6. Mother's Maiden Name Marrie Madamsen
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles E. Reynolds
9. Father's Occupation Brick Layer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Kelley
- Address 792 Pratt St Baltimore
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

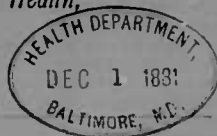


born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51820

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3601
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 8, 1891
4. Place of Birth (Street and Number) 111 E. Baltimore St.
5. Full Name of Mother Mary E. Thompson
6. Mother's Maiden Name Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father James P. Thompson
9. Father's Occupation Police
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. William H. Thompson
- Address 111 E. Baltimore St.
- Remarks

# RETURN OF A BIRTH, <sup>51821</sup>

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

*Stockett Mathews Whitely*

DEC 1 1881

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*First*

1. Sex (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*Nov. 13<sup>th</sup> 1881*

4. Place of Birth, (Street and Number)

*No. 83 Cathedral*

5. Full Name of Mother

*Mary Eliza Whitely*

6. Mother's Maiden Name

*Mary Eliza Mathews*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Seth Holmes Whitely*

9. Father's Occupation

*Stock Broker*

Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*W. H. Wilson Jr. M.D.*

Address

*146 Park Avenue*

Remarks

*GIVEN NAME ADDED 3-20-52*

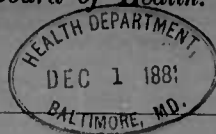
name of the mother of such child or children.

# RETURN OF A BIRTH,

57822

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov: 13<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

No 212 McCulloch Street

5. Full Name of Mother

Elizabeth Beran Longh

6. Mother's Maiden Name

Elizabeth Cora

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Lytleton Morgan Longh

9. Father's Occupation

Merchant

Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. C. Hiltzoph

Address

146 Park St

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

51823

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 8<sup>th</sup>

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15 November

4. Place of Birth (Street and Number)

15 Washington St

5. Full Name of Mother

Caroline Burges

6. Mother's Maiden Name

Caroline Mears

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel Burges

9. Father's Occupation

laborer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Backus

Address

380 Maryland Ave

Remarks

name of the mother of such child or children.

born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51824

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 15<sup>th</sup> 1881

4. Place of Birth (Street and Number)

532 Mulberry St.

5. Full Name of Mother

Mary ~~L. L. L.~~ Hooper

6. Mother's Maiden Name

Mary Hesston

7. Mother's Birthplace

Bals. Ind.

8. Full Name of Father

Frank L. Hooper

9. Father's Occupation

Manufacturer

10. Father's Birthplace

Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return.

Jos. S. Smith M.D.

Address

17 S. Broadway

Remarks

# RETURN OF A BIRTH

51823

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mar. 15. 1881

Franklin Ave. No. 432

Margarette Larkins

Miller

Balt.

John Larkins

Taylor

Balt.

Wm. J. Brackish

211 N. 1st St. No. 111

# RETURN OF A BIRTH

31826

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

1881

4. Place of Birth, (Street and Number)

Lower St. No 186 n. Fremont St.

5. Full Name of Mother,

Paulina Gebert

6. Mother's Maiden Name,

Paulina Jaeger

7. Mother's Birthplace,

A. Gallen (Switzerland)

8. Full Name of Father,

Fredrick Gebert

9. Father's Occupation,

Tailor

10. Father's Birthplace,

A. Gallen (Switzerland)

Name of Medical Attendant, or other Person who makes this return.

Address,

in Lonsfeld 38 Penna Ar

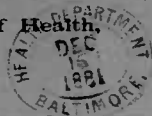
Remarks,

# RETURN OF A BIRTH

51827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 15 1881

4. Place of Birth, (Street and Number)

12 East St

5. Full Name of Mother,

Mary E. Lewis

6. Mother's Maiden Name,

" " Jones

7. Mother's Birthplace,

Easton, S. C.

8. Full Name of Father,

George W. Lewis

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. L. Lewis

Address,

12 E. St.

Remarks,



# RETURN OF A BIRTH,

51828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Roy Stevenson Houch Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 15th

4. Place of Birth, (Street and Number) 204 Angell Ave

5. Full Name of Mother Fannie Houch

6. Mother's Maiden Name Fannie Stevenson

7. Mother's Birthplace Wm. Land

8. Full Name of Father Derrick Houch

9. Father's Occupation Clork

10. Father's Birthplace Baldwin

Name of Medical Attendant, or other Person who makes this Return. D. W. Raby

Address 306 Madison Ave

Remarks

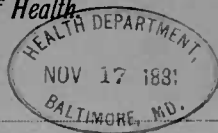
name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51829

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *Colored.*  
3. Date of Birth *Nov. 16<sup>th</sup> 1881*  
4. Place of Birth (Street and Number) *S. 73rd St.*  
5. Full Name of Mother *Laura Stephenson.*  
6. Mother's Maiden Name *Laura Baileard*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Moses Stephenson*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*E. W. Egan M.D.*  
*85 E 13th St.*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

African Race

3. Date of Birth,

78 ~~Lucis St~~ Nov 16 1881

4. Place of Birth, (Street and Number)

78 Lucis St

5. Full Name of Mother,

James Sanders

6. Mother's Maiden Name,

James Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Sanders

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucindia W. H. Ford

Address,

130 Register St

Remarks,

# RETURN OF A BIRTH

57831

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 16 1881
4. Place of Birth, (Street and Number) No 564 2 Charles st
5. Full Name of Mother, Maggie Rodes
6. Mother's Maiden Name, Maggie Elliott
7. Mother's Birthplace, Balt city md
8. Full Name of Father, John Rodes
9. Father's Occupation, Wire Worker
10. Father's Birthplace, Balt city md
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton
- Address, No 666 2 Charles Street
- Remarks.

# RETURN OF A BIRTH

51832

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) =

3. Date of Birth, 16 Nov

4. Place of Birth, (Street and Number) No. 66 Central Ave

5. Full Name of Mother, Minnie Siegel

6. Mother's Maiden Name, Levinson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paul Siegel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who make this return Sophie Simon

Address, 114 70 Cranby St.

Remarks.

# RETURN OF A BIRTH.

51833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov 16<sup>th</sup> / 81.  
273 Collington Ave  
Mother: E. Neely  
Mollie E. Malsby  
Berk Co. Pa.  
James Neely  
Painter  
Baltimore City  
Wm. J. R. Mays  
273 W. Lexington St

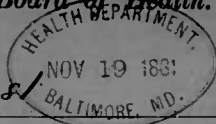
name of the mother of such child or children.

# RETURN OF A BIRTH,

518311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

16<sup>th</sup> Nov/81

4. Place of Birth, (Street and Number)

S W Cor. Poca and Pratt

5. Full Name of Mother

Alice Reid

6. Mother's Maiden Name

" Brought

7. Mother's Birthplace

Balt

8. Full Name of Father

J Reid

9. Father's Occupation

Hotel Keeper

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

W W Minkus

Address

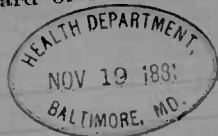
57 Barnes

Remarks

name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Boy  
White  
November 16<sup>th</sup> 1881  
161 W Lombard St. (Met. Hosp)  
Maria Fictis  
" "

Germany

Muskm

L. L. Bittling M. D. Phy. S.

161 W Lombard St. (Resident Phy S.)

R. Meuto Illias - Emigrant - No trouble  
'Contracted' child in Germany - Illegitimate



# RETURN OF A BIRTH

51836

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

2. Sex, (state whether male or female).....

3. Race or Color, (if not of the white race).....

4. Date of Birth,.....

Nov 6 1896

5. Place of Birth, (Street and Number).....

179 Franklin St. Baltimore City

6. Full Name of Mother,.....

Caroline P. P. P.

7. Mother's Maiden Name,.....

Caroline P. P.

8. Mother's Birthplace,.....

Baltimore City, Md

9. Full Name of Father,.....

George P. P. P.

10. Father's Occupation,.....

Dr. P. P. P.

11. Father's Birthplace,.....

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

George P. P.

Address,

Remarks,

# RETURN OF A BIRTH

51837

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 16<sup>th</sup> 1881
4. Place of Birth, (Street and Number) R. H. Wedgum Street
5. Full Name of Mother, Mary Gray
6. Mother's Maiden Name, Mary Foley
7. Mother's Birthplace, Baden
8. Full Name of Father, Chris. Perry
9. Father's Occupation, Laborer
10. Father's Birthplace, Baden
- Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Schmitt No 328 Penna Avenue
- Address,
- Remarks,

# RETURN OF A BIRTH

51838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 16, 1881.*

4. Place of Birth, (Street and Number) *Duncan St. No. 59.*

5. Full Name of Mother, *Louise Edison*

6. Mother's Maiden Name, *Louise Schwingen*

7. Mother's Birthplace, *Braunburg, N. Prussia, Germany*

8. Full Name of Father, *Henry Edison*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Hannover, N. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 26.*

Remarks,



# RETURN OF A BIRTH

31539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth, November 16, 1881

4. Place of Birth, (Street and Number) 1. Chappel St. R.H.C.

5. Full Name of Mother, Anna B. Holder

6. Mother's Maiden Name, Anna B. Vogelgesang

7. Mother's Birthplace, Berlin, pr. S. Prussia, Germany

8. Full Name of Father, Eugen Holder

9. Father's Occupation, Tailor

10. Mother's Birthplace, Salz A. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 1222 Calver St. N.W.

Remarks,

# RETURN OF A BIRTH

57840

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th child  
1. Sex, (state whether male or female)..... male  
2. Race or Color, (if not of the white race)..... colored  
3. Date of Birth,..... november 15 76  
4. Place of Birth, (Street and Number)..... 242 hughes st  
5. Full Name of Mother,..... catherine miller  
6. Mother's Maiden Name,..... catherine lewis  
7. Mother's Birthplace,..... pennsylvania  
8. Full Name of Father,..... edward lewis  
9. Father's Occupation,..... driver lumber  
10. Father's Birthplace,..... Baltimore  
Name of Medical Attendant, or other Person who makes this Return...... Mrs Lydia Porter  
Address,..... no 4 patteeo avenue  
Remarks,..... delicate child

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Wednesday Nov 16th. 1881

4. Place of Birth (Street and Number)

S. W. Cor of Hampstead & Wash St

5. Full Name of Mother

Mary Maloney

6. Mother's Maiden Name

Mary Rodgers.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Michael Maloney

9. Father's Occupation

Grocer.

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Brinton, M.D.

Address

125 1/2 Government Ave.

Remarks

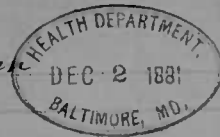
Verte Prementatio

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

518112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..... female  
 2. Race or Color, (if not of the white race) ..... white  
 3. Date of Birth, ..... 16 date of November  
 4. Place of Birth, (Street and Number) ..... 275 cres st.  
 5. Full Name of Mother, ..... Louise Holly  
 6. Mother's Maiden Name, ..... Louise Wagner  
 7. Mother's Birthplace, ..... Whitehouse German  
 8. Full Name of Father, ..... John Wagner  
 9. Father's Occupation, ..... Factor  
 10. Father's Birthplace, ..... Bronckow German  
 Name of Medical Attendant, or other Person who makes this Return ..... Mulwid Mink  
 Address, ..... 1 Lane Duffell St  
 Remarks, .....

# RETURN OF A BIRTH

51543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



# RETURN OF A BIRTH

51844

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, Nov. 16. 1881.....
4. Place of Birth, (Street and Number) E. Pratt St. No. 253.....
5. Full Name of Mother, Mary Ann Beth.....
6. Mother's Maiden Name, Getzinger.....
7. Mother's Birthplace, New York.....
8. Full Name of Father, Heinrich Beth.....
9. Father's Occupation, Clerk.....
10. Father's Birthplace, Balt.....
- Name of Medical Attendant, or other Person who makes this Return, Wm. J. McLaughlin.....
- Address, 27 W. Pratt St. No. 111.....
- Remarks,.....

# RETURN OF A BIRTH

31543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....  
 1. Sex, (state whether male or female) .....  
 2. Race or Color, (if not of the white race) .....  
 3. Date of Birth, *Nov. 16, 1881* .....  
 4. Place of Birth, (Street and Number) *E. Lombard's St. No. 313* .....  
 5. Full Name of Mother, *Anna Stander* .....  
 6. Mother's Maiden Name, *Lieber* .....  
 7. Mother's Birthplace, *Balt.* .....  
 8. Full Name of Father, *Johann Stander* .....  
 9. Father's Occupation, *Turner* .....  
 10. Father's Birthplace, *Prussia* .....  
 Name of Medical Attendant, or other Person who makes this Return, *M. J. H. Brachbach* .....  
 Address, *1111 N. 14* .....  
 Remarks, .....

# RETURN OF A BIRTH

51846

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Nov 16<sup>th</sup>

5. Place of Birth, (Street and Number)

34 South St

6. Full Name of Mother,

Annie Baumgartner

7. Mother's Maiden Name,

Mueller

8. Mother's Birthplace,

Germany

9. Full Name of Father,

John Baumgartner

10. Father's Occupation,

Baker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Kraft

Address,

236 Canton St

Remarks,

# RETURN OF A BIRTH.

51847

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 16th 1881*
4. Place of Birth (Street and Number) *225 Argyle ave*
5. Full Name of Mother *Merietta Kraft*
6. Mother's Maiden Name *" Addison*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Edwin Shipley Kraft*
9. Father's Occupation *Painter*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Joseph Libbey M.D.*
- Address *47 Edmondson ave*
- Remarks

# RETURN OF A BIRTH,

51848

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 16<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

462 E. Monument St.

5. Full Name of Mother

Aleson S. Talbot

6. Mother's Maiden Name

Barriack

7. Mother's Birthplace

Scotland

8. Full Name of Father

William John Talbot

9. Father's Occupation

Master of Ship

Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Dr. Moses L. D.

Address

5 Franklin St.

Remarks

duration of pregnancy in this case was 294

(Two hundred + ninety-four) days, to name, pronounced Jack M<sup>r</sup> Talbot  
left home in South America on Feb. 27<sup>th</sup> 1880, & did not return until

name of the mother of such child or children.

December 15<sup>th</sup> 1881 - 14 days previous to the birth of the child

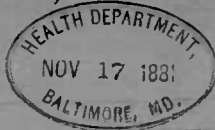
Learn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51849

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3<sup>rd</sup>) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 17 1881

4. Place of Birth (Street and Number) 173 Arlington Avenue

5. Full Name of Mother Mary Virginia Murphy

6. Mother's Maiden Name Mary Virginia Dolan

7. Mother's Birthplace Baltimore City - Md

8. Full Name of Father Oscar John Murphy

9. Father's Occupation Black Smith

10. Father's Birthplace Baltimore City - Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. C. Hennessey M.D.  
331 N. Green Mt. St.

State, its or their physical condition, whether still born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51550

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

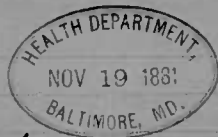


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth November 17<sup>th</sup> 1881  
4. Place of Birth (Street and Number) Baltimore Light street N. 348  
5. Full Name of Mother Catherine Murry  
6. Mother's Maiden Name Norton  
7. Mother's Birthplace Govenstown. Balt. City  
8. Full Name of Father James Murry  
9. Father's Occupation Car Driver  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. M<sup>rs</sup> Elizabeth Scarborough  
Address N. 220 Montgomery St. Balt.  
Remarks

# RETURN OF A BIRTH

51551

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Boy

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

Nov 17 1881

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

May Smith

7. Mother's Maiden Name,

May Smith

8. Mother's Birthplace,

Balto - Md

9. Full Name of Father,

William

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. L. Bitting M.D.

Address,

161 W. Lombard St. Mat. Hospital

Remarks,

L. O. I. Ant - Illegitimate -



# RETURN OF A BIRTH

57552

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

September 17, 1881

5. Place of Birth, (Street and Number)

1. Chapel St. No 240.

6. Full Name of Mother,

Anna McKee

7. Mother's Maiden Name,

Anna Tanner

8. Mother's Birthplace,

Richmond St. Virginia U.S.

9. Full Name of Father,

Joseph McKee

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Lukab. A. Italian, European

Name of Medical Attendant, or other Person who makes the Return

Wm. E. Miller

Address,

1. Gallo St. No 26.

Remarks,

# RETURN OF A BIRTH

51853

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) \_\_\_\_\_
4. Date of Birth, Dec 10th
5. Place of Birth, (Street and Number) 24 W. Lombard St.
6. Full Name of Mother, Ellen Gurb
7. Mother's Maiden Name, Meginny
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Frank Gurb
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 22 E. Lombard St.
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

51834

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

Nov 17 1881

4. Place of Birth, (Street and Number)

313 Maple Avenue

5. Full Name of Mother, .....

Amanda C. Miller

6. Mother's Maiden Name, .....

Amanda C. Wolf

7. Mother's Birthplace, .....

Frederick Co. Md

8. Full Name of Father, .....

Walter B. Miller

9. Father's Occupation, .....

Laborer

10. Father's Birthplace, .....

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore C. Cook, M.D.

Address, .....

1400 Pennington St

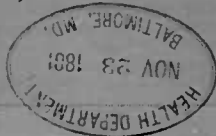
Remarks, .....

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH.

51855

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 56
- No. of Child, of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17th Nov. 1881*
4. Place of Birth (Street and Number) *234 Hollins St Balto.*
5. Full Name of Mother *Josephine Muller*
6. Mother's Maiden Name *Josephine Lantz*
7. Mother's Birthplace *Balto. Md*
8. Full Name of Father *Chas. F. Muller*
9. Father's Occupation *Paper Hanger*
10. Father's Birthplace *Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. T. Benner M. D.*
- Address *187 Hollins St*
- Remarks

# RETURN OF A BIRTH

51856

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 17, 1881

~~50 N. Howard St.~~

4. Place of Birth, (Street and Number)

50 N. Howard St.

5. Full Name of Mother,

Sarah Huffington

6. Mother's Maiden Name,

Sarah Emmick

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

William O. Huffington

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Alexandria Va.

Name of Medical Attendant, or other Person who makes this Return

J. Pelton Still M.D.

Address,

432 W. Fayette St.

Remarks,

# RETURN OF A BIRTH.

51857

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 17<sup>th</sup> 1881

4. Place of Birth (Street and Number)

University Hospital

5. Full Name of Mother

Lizzie Etter

6. Mother's Maiden Name

Lizzie Heindl

7. Mother's Birthplace

Germany

8. Full Name of Father

Georg Eder

9. Father's Occupation

Stone cutter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

G. W. Mitchell M.D.

Address

University Hospital

Remarks

born, the or their physical condition, whether still born or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 17<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

94 Hill St.

5. Full Name of Mother,

Mary Freeburger.

6. Mother's Maiden Name,

" Deering

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Carroll Freeburger.

9. Father's Occupation,

Clerk.

10. Mother's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall. and

Address.

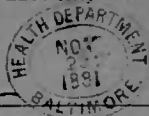
15-2 Sharp St.

Remarks,

# RETURN OF A BIRTH, 51859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 17<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

498 Lombard St.

5. Full Name of Mother

Laura V. Kennedy

6. Mother's Maiden Name

Burkins

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John T. Kennedy

9. Father's Occupation

Machinist

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Louis M. Knight M.D.

Address

112 N. Greene

Remarks

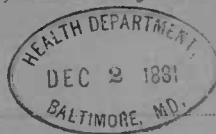
name of the mother of such child or children.



# RETURN OF A BIRTH

51560

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) ....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Male  
White  
17th Nov. 1891  
34 S. Chester St.  
Ella Virginia Ferguson  
Bickell  
City  
George Albert Ferguson  
Pilot  
City  
E. P. Druss M.D.  
373 E. Baltimore St.

# RETURN OF A BIRTH

31861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 17<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

92 164 S. Bethel st

5. Full Name of Mother,

Anna Schmidt

6. Mother's Maiden Name,

" Schneider

7. Mother's Birthplace,

City

8. Full Name of Father,

August Schmidt

9. Father's Occupation,

Printer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this return

Mrs. Elizabeth G. G. G.

Address,

920 Bank st

Remarks,

# RETURN OF A BIRTH

51869

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 17th 1881*
4. Place of Birth, (Street and Number) *N. Exeter 83*
5. Full Name of Mother, *Susan Plunkett*
6. Mother's Maiden Name, *Susan Mann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Plunkett*
9. Father's Occupation, *Billiards Hall*
10. Father's Birthplace, *New York*

Name of Medical Attendant, *E. C. Baldwin M.D.*  
or other Person who makes this Return.

Address, .....

Remarks, .....

# RETURN OF A BIRTH

51563

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 17th 1881

4. Place of Birth, (Street and Number) E. Monument 290

5. Full Name of Mother, Elizabetta Kirk Hughes

6. Mother's Maiden Name, Elizabetta Kirk & in Barton

7. Mother's Birthplace,

8. Full Name of Father, Franklin Pierce Hughes

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

E. C. Baldwin M. D.

Address, 124 N. Eyster St

Remarks,

# RETURN OF A BIRTH,

518611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Nov. 17. 1887.  
4. Place of Birth, (Street and Number) 445 N. Monroe St.  
5. Full Name of Mother Emma Phelps  
6. Mother's Maiden Name Krafft  
7. Mother's Birthplace Balto. City, Md.  
8. Full Name of Father John A. Phelps  
9. Father's Occupation Printer  
Father's Birthplace Balto. City, Md.  
Name of Medical Attendant, or other Person who makes this return. J. H. Christian M.D.  
Address 431 Penn. Ave.  
Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

51565

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
Jan 1st 76  
57 Camden St  
Josephine Penn  
" Newhoff  
Hungary  
Joseph Penn  
Tailor  
Hungary  
J C Beach M D  
151st Avenue St

name of the mother of such child or children.

# RETURN OF A BIRTH

51866

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Female*  
*White*  
*November 1st 1881*  
*25 Camden Ave.*  
*Abella Ford*  
*Prigonia*  
*Prigonia, Mo.*  
*Robert M. Ford*  
*Minister*  
*Baltimore*  
*W. H. H. H. H.*  
*51866*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 7-15-58  
**RETURN OF A BIRTH.**

51867

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*Alan J. Bachrach*



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*2<sup>d</sup>*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*November 18<sup>th</sup> 1881*

4. Place of Birth (Street and Number)

*507 Mulberry St.*

5. Full Name of Mother

*Cecilia Bachrach*

6. Mother's Maiden Name

*Cecilia Mailhouse*

7. Mother's Birthplace

*Balt. City*

8. Full Name of Father

*Moses Bachrach*

9. Father's Occupation

*Photographer*

10. Father's Birthplace

*Cassel Germany*

Name of Medical Attendant, or other Person who makes this Return.

*J. R. Usher, M.D.*

Address

*234 W. Fayette St.*

Remarks



# RETURN OF A BIRTH

57868

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if nat of the white race) *White*
3. Date of Birth, *13. of November 1891.*
4. Place of Birth, (Street and Number) *Corner Holborn and Mary street*
5. Full Name of Mother, *Adelheid Lumber*
6. Mother's Maiden Name, *Adelheid Aol*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Walter Aol*
9. Father's Occupation, *Crocery*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *71 North Chapel street per Crescentia Kunkel*
- Remarks, *Healthy*

# RETURN OF A BIRTH

51869

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. November 29<sup>th</sup> 1881.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15<sup>th</sup> 1881.
4. Place of Birth, (Street and Number) No. 20 N. Chapel St.
5. Full Name of Mother, Julia Subeck
6. Mother's Maiden Name, Julia Lamprecht
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Subeck
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who make this Return Mrs. M. Amend
- Address, No. 137 F. Wolfe Street
- Remarks,

# RETURN OF A BIRTH.

51870

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 18th*

4. Place of Birth (Street and Number) *122 Myrtle Av.*

5. Full Name of Mother *Eliza Pritch*

6. Mother's Maiden Name *Eliza Brown*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Levin Pritch*

9. Father's Occupation *Bookkeeper*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Silas Baldwin*

Address

*152 Town Street St.*

Remarks

# RETURN OF A BIRTH.

51871

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 18. 1881

4. Place of Birth (Street and Number)

153 N. Eglest

5. Full Name of Mother

Lina Strauer

6. Mother's Maiden Name

Frank

7. Mother's Birthplace

7 Baltimore

8. Full Name of Father

Isaac Strauer

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

E. W. Richards

Address

83 E. 13th St

Remarks

# RETURN OF A BIRTH, 51872

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *18th of Nov. 1891*

4. Place of Birth, (Street and Number) *65 Madison St.*

5. Full Name of Mother *Constance P. Klaus*

6. Mother's Maiden Name *Lucie*

7. Mother's Birthplace *Born in Prussia Germany*

8. Full Name of Father *William Klaus*

9. Father's Occupation *Butcher*

Father's Birthplace *Born in Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Miller*

Address *1217 W. Pratt St*

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

51873

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Mother (state whether 1st, 2d, 3d, &c.) 2  
Whether Male or Female male  
Color (if not of the white race) colored  
Birth date november the 1st  
Birth (Street and Number) no 200 corlton st  
Name of Mother annie williams  
Maiden Name annie mason  
Birthplace carleount, jr  
Name of Father marcellis williams  
Occupation waiter  
Birthplace prince georgys county  
Medical Attendant, or other Person who makes this Return. mrs sarah smithers  
no 35 little george st ally

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No 2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Mar 18. 1881*
4. Place of Birth (Street and Number) *25 Vincennes St*
5. Full Name of Mother *Martina Castellino*
6. Mother's Maiden Name *Martina Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Sandy Wellington*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Carne Cardland*
- Address *No 16 Bruce St*
- Remarks

51875

**BALTIMORE CITY.**



Second.

Female

White.

November 18.

Lemon Str. No. 99.

Mary Anna Eichhorn

Mary Ann Feldmann

Baltimore, Md.

John Michael Eichhorn.

Taylor

Schlesitz, Bavaria, Germany  
 or other person who  
 Anne Gindner

Amie Lindner.

No 45 S. Monroe, St.

Remarks.



# RETURN OF A BIRTH

51876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *November 18, '81*
4. Place of Birth, (Street and Number) *74 Fairmount Ave.*
5. Full Name of Mother, *Sallic Taylor*
6. Mother's Maiden Name, *Armstrong*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harvey Butler*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Allwell*
- Address, *286 N. 1st Street*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

51577

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

N Child of Mother, (state whether 1st, 2d, 3d, &c.) one child, The fifth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 13th

4. Place of Birth, (Street and Number) Fremont St No 12

5. Full Name of Mother, Sarah E Carter

6. Mother's Maiden Name, Sarah E Melvin

7. Mother's Birthplace, Maryland

8. Full Name of Father, John F Carter

9. Father's Occupation, Agent

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



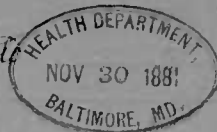
Mrs. Drucker,  
60 Schroeder St.

# RETURN OF A BIRTH

51878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st John Child
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, born 18th November 1881
5. Place of Birth, (Street and Number) W. Baltimore street 817
6. Full Name of Mother, Marie Anna Wippert
7. Mother's Maiden Name, M. A. Lier
8. Mother's Birthplace, Rotenburg a. d. Fulda, Germanie
9. Full Name of Father, Friedrich Wippert
10. Father's Occupation, Schuhmacher
11. Father's Birthplace, Rotenburg a. d. Fulda, Germanie
- Name of Medical Attendant, or other Person who makes this Return, Mary Chandler
- Address, 60 Schroeder St
- Remarks,

# RETURN OF A BIRTH

51579

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

5  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

18. Apr. 1881

4. Place of Birth, (Street and Number)

18 S. Eden St.

5. Full Name of Mother,

Mary E. Warner

6. Mother's Maiden Name,

Nathias

7. Mother's Birthplace,

Carroll County Md

8. Full Name of Father,

Geo. P. Warner

9. Father's Occupation,

Iron Moulder

10. Father's Birthplace,

Carroll County Md

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E. Pratt St.

Remarks,

# RETURN OF A BIRTH,

31880

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Male Child

2. Race or Color, (if not of the white race) white

3. Date of Birth Friday Nov 18

4. Place of Birth, (Street and Number) Mt Vernon St No 2

5. Full Name of Mother Mary Goe

6. Mother's Maiden Name Mary Steven

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas A Goe

9. Father's Occupation House Painter

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Midwife Harriet Britton

Address care 78 N. Rutheford St.

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 November 1881

4. Place of Birth, (Street and Number)

217 N. Carey St.

5. Full Name of Mother,

Elizabeth Kelly

6. Mother's Maiden Name,

James

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

G. W. Kelly

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

William Brown M.D.

Address,

68 N. Enoch St.

Remarks,

# RETURN OF A BIRTH

57519

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 18 1881
4. Place of Birth, (Street and Number) 68 North Ave.
5. Full Name of Mother, Mary B. E. Stevenson
6. Mother's Maiden Name, Mary B. E. Smither
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. E. P. Stevenson
9. Father's Occupation, Merchant
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return Dr. H. L. Thompson
- Address 812 N. Lombard St.
- Remarks

# RETURN OF A BIRTH

57813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

November 1881

5. Place of Birth, (Street and Number)

# 187 S. Caroline

6. Full Name of Mother,

Sarah Hughes

7. Mother's Maiden Name,

Lion

8. Mother's Birthplace,

New York

9. Full Name of Father,

John Hughes

10. Father's Occupation,

Labrer

11. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return

Mrs Louise C. Kraft

Address,

236 Canton St

Remarks,



# RETURN OF A BIRTH

51854

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Nov 18  
182 McCulloch St.  
Green Knack  
Guest  
Balt.  
C. H. Knack  
Merchant  
Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

J. M. Wilson  
201 Mad. An

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd (3rd)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 18th 1881

4. Place of Birth, (Street and Number)

899 Wisconsin St

5. Full Name of Mother

Mary Elizabeth Delaney

6. Mother's Maiden Name

Sanders

7. Mother's Birthplace

Dorchester Co Md

8. Full Name of Father

Wm Delaney

9. Father's Occupation

Clerk

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. Stenning

Address

474 N. E. St

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 14, 1881

4. Place of Birth, (Street and Number)

161 W Lombard St. Baltimore

5. Full Name of Mother,

Fanny Street

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Harford Co., Md

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. L. Pittung M. D

Address,

161 W Lombard St. Resident Phys-

Remarks,

R. B. I. Ant- Illegitimate

# RETURN OF A BIRTH

51887

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6 children
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... 19 of November
4. Place of Birth, (Street and Number) ..... No 210 Light St
5. Full Name of Mother, ..... Kate Kaufman
6. Mother's Maiden Name, ..... not coded
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Joseph Kaufman
9. Father's Occupation, ..... Handy Man
10. Father's Birthplace, ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Joseph Kaufman  
210 Light St

# RETURN OF A BIRTH

57885

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 12, 1885

4. Place of Birth, (Street and Number)

312 ...

5. Full Name of Mother,

Rebecca ...

6. Mother's Maiden Name,

Rebecca Kelly

7. Mother's Birthplace,

Lancaster

8. Full Name of Father,

John ...

9. Father's Occupation,

Lab. work

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who  
makes this Return.

Wm. Ann Nash

Address,

Remarks,

# RETURN OF A BIRTH

31559

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 19 1887

4. Place of Birth, (Street and Number)

128 Johnson St

5. Full Name of Mother,

Annie McCann

6. Mother's Maiden Name,

Annie Shields

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael McCann

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann East

Address,

Remarks,

# RETURN OF A BIRTH

51590

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *November 17, 1881*
  4. Place of Birth, (Street and Number) *McEatham St. No 43,*
  5. Full Name of Mother, *Eva Diem*
  6. Mother's Maiden Name, *Eva Schmidt*
  7. Mother's Birthplace, *Salz. N. Bayern Germany*
  8. Full Name of Father, *Mathias Diem*
  9. Father's Occupation, *Taylor*
  10. Father's Birthplace, *Minsstadt N. Bayern, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Haller*
- Address, *W. Calles St. No 26*
- Remarks, *dead born*

# RETURN OF A BIRTH

51891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 19/1881

4. Place of Birth, (Street and Number)

No. 6, Hull St

5. Full Name of Mother,

Mary E. Evans

6. Mother's Maiden Name,

Mary E. Rogerson

7. Mother's Birthplace,

England

8. Full Name of Father,

Morgan Evans

9. Father's Occupation,

Clerk

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

H. B. Mable, M.D.

Address,

50 Haman Av

Remarks,

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Ac. 17 1/2

3. Date of Birth,

307 Gallatin St.

4. Place of Birth, (Street and Number)

Emma Henrich

5. Full Name of Mother,

Pell

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Charles F. Henrich

8. Full Name of Father,

Cigar maker

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Sarah Casper

Name of Medical Attendant, or other Person who makes this Return

21 E. Lombard St.

Address.

Remarks.

# RETURN OF A BIRTH, 51893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth the 12 of November

4. Place of Birth, (Street and Number) 10250 Broadway, N.Y.

5. Full Name of Mother John H. H. H. H. H.

6. Mother's Maiden Name Annie L. H. H.

7. Mother's Birthplace Baltimore

8. Full Name of Father George H. H.

9. Father's Occupation Shoe Maker

Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this return. Mrs. Christina G. G.

Address 113 N. 1st St.

Remarks 113 N. 1st St.

name of the mother of such child or children.

# RETURN OF A BIRTH,

518911

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth the 12 of November  
 4. Place of Birth, (Street and Number) 134 East Biddle St  
 5. Full Name of Mother Katharine Howland  
 6. Mother's Maiden Name Anne Donnelly  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Wendell Donnelly  
 9. Father's Occupation Cigar Maker  
 Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return Mrs Christina Sauer  
 Address 173 Harper Ave  
 Remarks 1-51

# RETURN OF A BIRTH,

51895

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth The 19 of November

4. Place of Birth, (Street and Number) No 262 Charles Henderson

5. Full Name of Mother Barbara Miller

6. Mother's Maiden Name Barbara Willinger

7. Mother's Birthplace Baltimore

8. Full Name of Father Martin Willinger

9. Father's Occupation Businessman

Father's Birthplace Germany

Name of Medical Attendant or other Person who makes this Return. Mrs. Christina Pauer

Address 117 Harper St.

Remarks 1001

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 19
4. Place of Birth (Street and Number) No 6 Smith St
5. Full Name of Mother Elinor M. Willis
6. Mother's Maiden Name Hammond
7. Mother's Birthplace Baltimore
8. Full Name of Father John Willis
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return.
- Address 405 Gay no 13 Holland
- Remarks St

# RETURN OF A BIRTH

57897

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*

1. Sex, (state whether male or female) ...

*Female.*

2. Race or Color, (if not of the white race) ..

3. Date of Birth, .....

*November. 19<sup>th</sup>. 1881.*

4. Place of Birth, (Street and Number) ..

*No. 120 Saratoga St,*

5. Full Name of Mother, .....

*Fresy. Mayers.*

6. Mother's Maiden Name, .....

*" " Hartman.*

7. Mother's Birthplace, .....

*Wolffburg. Bayern.*

8. Full Name of Father, .....

*William Mayers.*

9. Father's Occupation, .....

*Butcher.*

10. Father's Birthplace, .....

*Humburg. Bayern.*

Name of Medical Attendant, or other person who makes this Return

*Anna Lindner.*

Address, .....

*No 45 S. Monn St,*

Remarks, .....

# RETURN OF A BIRTH.

51898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth november the 14
4. Place of Birth (Street and Number) no orchard st
5. Full Name of Mother
6. Mother's Maiden Name ivan parman
7. Mother's Birthplace easton shore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

mrs Sarah Litch Smithers  
no 35 little george st ally

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51899

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child  
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Nov 19th 81

5. Place of Birth, (Street and Number)

113 3 Ray st.

6. Full Name of Mother,

Kristine Beckellhas

7. Mother's Maiden Name,

Batz

8. Mother's Birthplace,

Germany  
George Beckellhas

9. Full Name of Father,

10. Father's Occupation,

Cabinetmaker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lohrassers midwife

Address,

330 Hanover st.

Remarks,



# RETURN OF A BIRTH

51950

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 children.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *29th day of November*
4. Place of Birth, (Street and Number) *No. 36 N. Wolfe St.*
5. Full Name of Mother, *Emma Heloise Walker*
6. Mother's Maiden Name, *Waller*
7. Mother's Birthplace, *City of New York*
8. Full Name of Father, *Benjamin Franklin Walker*
9. Father's Occupation, *Wine Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. Susan Morgan*  
or other Person who makes this Return.
- Address, *21 N. Lombard St.*
- Remarks, *Very fine child*

# RETURN OF A BIRTH

51901

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

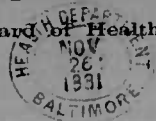


- 13 Child*  
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Prof. Simpson*  
 4. Place of Birth, (Street and Number) *N 10 Bennett St*  
 5. Full Name of Mother, *Ernie Simon*  
 6. Mother's Maiden Name, *Clark*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Oliver Simon*  
 9. Father's Occupation, *Salara*  
 10. *Baltimore*  
 other's Birthplace,  
 Name of Medical Attendant, or other person who makes this Return *Mrs. Pheby*  
 Address, *1212 Patterson Park*  
 Remarks,

# RETURN OF A BIRTH

51902

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *W*
4. Date of Birth, *19th Nov*
5. Place of Birth, (Street and Number) *212 Park Ave*
6. Full Name of Mother, *Ellen Martin Mullen*
7. Mother's Maiden Name, *Ellen Martin*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *John B. Mullen*
10. Father's Occupation, *Stone Cutter &c*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *C. B. ...*
- Address, *59 Central*
- Remarks,

# RETURN OF A BIRTH

51903

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- N Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 34  
 1. Sex, (state whether male or female) ..... Male  
 2. Race or Color, (if not of the white race) ..... White  
 3. Date of Birth, ..... 19th Nov. 1881  
 4. Place of Birth, (Street and Number) ..... 154 W. Eden St.  
 5. Full Name of Mother, ..... Maggie Ruth  
 6. Mother's Maiden Name, ..... Maggie Beaupre  
 7. Mother's Birthplace, ..... Balt. City  
 8. Full Name of Father, ..... Levi J. Ruth  
 9. Father's Occupation, ..... Depot Master  
 10. Father's Birthplace, ..... Delaware  
 Name of Medical Attendant, or other Person who makes this Return ..... Dr. J. W. Waller  
 Address, ..... 122 N. Charles  
 Remarks, ..... Balt. City

# RETURN OF A BIRTH

51904

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Fourth  
Female  
White

Nov 19

No. 146 Eutaw Str

Ana Baumann

Ana Easterday

from Neuenberg near Erlangen, Germany

John Baumann

Carpenter

Idgstrassen Wittenberg Germany

Mrs Sommerfeld

# RETURN OF A BIRTH 51905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of child: James Emmett Lynch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 19th. 1881

4. Place of Birth, (Street and Number)

No 608 Dallis St.

5. Full Name of Mother,

Larrah Lynch

6. Mother's Maiden Name,

Larrah Holland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Lynch

9. Father's Occupation,

Coach Finisher

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Mrs No. A. Butts

Address No 185 L.E. cor Central av And Monument St.

Remarks All well

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9 males

white

19 of November, 1891

No 3 Vincent St Baltimore

Barbara Spennhagen

Burbank Thetler

Germany

Edward Spennhagen

Lock Smith

Germany

Mrs S Thetler

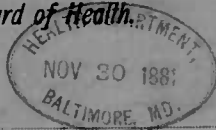
792 Pratt St Baltimore

of the parents, and the maiden name of the mother of such child or children.

51907

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 19-81

4. Place of Birth (Street and Number)

160 N Eden St

5. Full Name of Mother

Ellie V Jenkins

6. Mother's Maiden Name

" " Davis

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Orin Jenkins

9. Father's Occupation

Pickles &c

10. Father's Birthplace

Maine

Name of Medical Attendant, or other Person who makes this Return.

D W Cathers M.D

Address

2 W B roadway

Remarks

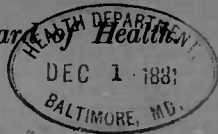
*[Signature]*



# RETURN OF A BIRTH,

51908

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Birth*

1. Sex (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Wet*

3. Date of Birth *19 November*

4. Place of Birth, (Street and Number) *Waltstreet No 310*

5. Full Name of Mother *Eloth Ruth*

6. Mother's Maiden Name *u a Muller*

7. Mother's Birthplace *Robertstein Hessen*

8. Full Name of Father *John Ruth*

9. Father's Occupation *Kannmager*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dankstreet R 143*

Address

Remarks *Mrs Maurer*

# RETURN OF A BIRTH

51909

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th Nov. 1881

4. Place of Birth, (Street and Number)

256 E. Baltimore St.

5. Full Name of Mother,

Johnetta M. C. Lee

6. Mother's Maiden Name,

Doane

7. Mother's Birthplace,

Chesapeake Co. Pa.

8. Full Name of Father,

Theodore M. C. Lee

9. Father's Occupation,

Shoe & Blind Maker

10. Father's Birthplace,

Port Deposit Md.

Name of Medical Attendant, or other Person who makes this Return.

C. P. Davis M.D.

Address,

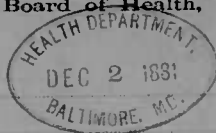
273 E. Baltimore St.

Remarks,

# RETURN OF A BIRTH

51910

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

For  
Female  
white

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

19 November 1881

4. Place of Birth, (Street and Number)

Leadenhall Street No 115

5. Full Name of Mother,

Barbara Heyler

6. Mother's Maiden Name,

~~Fried~~ Heyler B. Heier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jr. Heyler

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Gellershausen Germany

Name of Medical Attendant, or other Person who makes this Return

Bartholomew Winif

Address,

1 Landonville St

Remarks,

# RETURN OF A BIRTH

51911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) ..... 4th
1. Sex, (state whether male or female) ..... Female
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... November 19th 89
4. Place of Birth, (Street and Number) ..... # 126 Hughes St.
5. Full Name of Mother, ..... Nellie Woods
6. Mother's Maiden Name, ..... Carter
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Wm Woods
9. Father's Occupation, ..... Express clerk
10. Father's Birthplace, ..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ..... Mary Koch
- Address ..... 328. J. Eutaw St.
- Remarks, .....

Printed and Published by the City of Baltimore, Md., at the Office of the Registrar of Vital Statistics, Board of Health.

# RETURN OF A BIRTH,

31912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov. 17<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 32 Baltimore
5. Full Name of Mother Sam. Rush
6. Mother's Maiden Name Hahn
7. Mother's Birthplace Germany
8. Full Name of Father Chas. Francis Rush
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH,

51913

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 14th Nov. 1881

4. Place of Birth, (Street and Number) 147. Hamburg St

5. Full Name of Mother Mary Felthousen

6. Mother's Maiden Name Nyeth

7. Mother's Birthplace md.

8. Full Name of Father John Felthousen

9. Father's Occupation Miner

Father's Birthplace Bach

Name of Medical Attendant, or other Person who makes this Return. W. W. Metstaph md

Address 57 Mare St

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

J. C. Burch, M.D.

151 N. 4th Ave.

# RETURN OF A BIRTH

51913

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *24 November*
4. Place of Birth, (Street and Number)..... *No 24 E. Lippitt St. Lane*
5. Full Name of Mother,..... *Mary Wolf*
6. Mother's Maiden Name,..... *Whegan Lippitt*
7. Mother's Birthplace,..... *England*
8. Full Name of Father,..... *Louis Wolf*
9. Father's Occupation,..... *Labors*
10. Father's Birthplace,..... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return..... *Joseph S. ...*
- Address..... *No 24 E. Lippitt St. Lane No. 1111*
- Remarks,.....



# RETURN OF A BIRTH

57916

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *male*

2. Race or Color, (if not of the white race) *none*

3. Date of Birth, *20th. Noveml.*

4. Place of Birth, (Street and Number) *107 Eastern Ave*

5. Full Name of Mother, *Bridget Burns*

6. Mother's Maiden Name, *Bridget Burns*

7. Mother's Birthplace, *W. Ct.*

8. Full Name of Father, *Michael Moore*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *Mrs. Sara Dwyer*  
or other Person who makes this Return

Address, *42 E. Lombard St.*

Remarks, *See five minutes after the birth*

# RETURN OF A BIRTH

51917

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Nov 20<sup>th</sup> 1887
4. Place of Birth, (Street and Number) 110 William St
5. Full Name of Mother, Lena Gates
6. Mother's Maiden Name, Lena Cottrell
7. Mother's Birthplace, City
8. Full Name of Father, Tho Gates
9. Father's Occupation, Mechanic
10. Father's Birthplace, Washington, D.C.
- Name of Medical Attendant, or other Person who make this Return H.B. Woke M.D.
- Address, 50 Warren av
- Remarks,

# RETURN OF A BIRTH

51918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Nov 20th
4. Place of Birth, (Street and Number) 107 E. Ashm. St.
5. Full Name of Mother, Bridget Moore
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Michael Moore
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return Joseph C. Cooper
- Address, 71 E. Lombard St.
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

51919

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Nov 20<sup>th</sup> 1881*  
 4. Place of Birth, (Street and Number) *123 St Pauls St Balto Md*  
 5. Full Name of Mother, *Anne Dilling*  
 6. Mother's Maiden Name, *Anne Smith*  
 7. Mother's Birthplace, *England*  
 8. Full Name of Father, *John Dilly*  
 9. Father's Occupation, *Labourer*  
 10. Father's Birthplace, *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return *Roll W. Johnson M.D.*  
 Address *70 Cathedral St. City*  
 Remarks,

# RETURN OF A BIRTH.

51920

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

20<sup>th</sup> of Nov.

4. Place of Birth (Street and Number)

142<sup>nd</sup> Hamburg St.

5. Full Name of Mother

Delia Grimes

6. Mother's Maiden Name

Tarsel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Grimes

9. Father's Occupation

Brick Layer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary R. Gussing

Address

131<sup>st</sup> Hamburg St.

Remarks

Living with

name of the mother of such child or children.

# RETURN OF A BIRTH.

51991

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 20<sup>th</sup> '01

4. Place of Birth (Street and Number)

154 Pearl St.

5. Full Name of Mother

Mary Watson

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Watson

9. Father's Occupation

Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm B. Rider,

Address

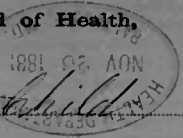
87 Mulberry St.

Remarks

# RETURN OF A BIRTH

51999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 20<sup>th</sup> 81

4. Place of Birth, (Street and Number)

No. 90 2<sup>nd</sup> St

5. Full Name of Mother,

Mary E. Hertel

6. Mother's Maiden Name,

Port

7. Mother's Birthplace,

America

8. Full Name of Father,

Andrew Hertel

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schugart midwife

Address,

330 Hanover St

Remarks,

# RETURN OF A BIRTH

51923

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>.

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, November 20<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 53 Harrison st.

5. Full Name of Mother, Mary Stromer

6. Mother's Maiden Name, a. Reiser

7. Mother's Birthplace, Europe

8. Full Name of Father, J. Stromer

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bornstein

Address, 113 E. Lombard st.

Remarks,

of the parents, and the maiden name of the mother, on the return of a birth.



# RETURN OF A BIRTH

51924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10<sup>th</sup> Nov. 1881

4. Place of Birth, (Street and Number)

111 Chew St. Balz

5. Full Name of Mother,

Nina Cohen

6. Mother's Maiden Name,

N. Schum

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Herman Cohen

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. W. W.

Address,

125 W. W. St.

Remarks,

Recd 12

# RETURN OF A BIRTH

51925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20<sup>th</sup> November 1881

4. Place of Birth, (Street and Number)

294 Myrtle Ave

5. Full Name of Mother,

Eliza Pfeil

6. Mother's Maiden Name,

Hudson

7. Mother's Birthplace,

Belfast

8. Full Name of Father,

Henry Pfeil jr.

9. Father's Occupation,

Coal dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oving

Address,

48 McCall St.

Remarks,

# RETURN OF A BIRTH

51926

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th Child

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 26 Jan 1881

4. Place of Birth, (Street and Number)..... 499 Rogers St

5. Full Name of Mother,..... Louis Loas

6. Mother's Maiden Name,..... Louis Kreis

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... John Kreis

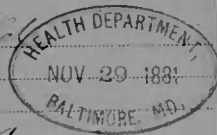
9. Father's Occupation,..... Farmishon

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other Person who makes this Return,..... Mary Fitzgerald

Address,.....

Remarks,..... Russell & Co. 10.



# RETURN OF A BIRTH,

51997

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 20 - November 81

4. Place of Birth, (Street and Number) Palmer Lane

5. Full Name of Mother Mary E. Houdison

6. Mother's Maiden Name Mary E. Collins

7. Mother's Birthplace Virginia

8. Full Name of Father Thomas M. Houdison

9. Father's Occupation

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H. J. Hanc

Address Carey & Regattmen City

Remarks

# RETURN OF A BIRTH 57925

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 20*

4. Place of Birth, (Street and Number) *180 Rubery St.*

5. Full Name of Mother, *Louisa Metzler.*

6. Mother's Maiden Name, *Richter*

7. Mother's Birthplace, *Garmey*

8. Full Name of Father, *John. B Metzler*

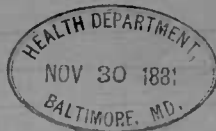
9. Father's Occupation, *Shoemaker*

10. Other's Birthplace, *Garmey*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



*Mrs. G. P. Schaefer*  
*Mrs. G. Schaefer*

# RETURN OF A BIRTH.

51929

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



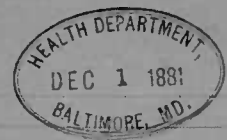
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
 1. Sex (state whether Male or Female) Boy.  
 2. Race or Color (if not of the white race) White.  
 3. Date of Birth Sunday Morning. Nov 20th. 1887.  
 4. Place of Birth (Street and Number) 238 Constitution St.  
 5. Full Name of Mother Matilda Grinnell.  
 6. Mother's Maiden Name Matilda Karr.  
 7. Mother's Birthplace Balto. Md.  
 8. Full Name of Father Charles Grinnell.  
 9. Father's Occupation Coach Painter  
 10. Father's Birthplace Baltimore. Md.  
 Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton. Md.  
 Address 25 1/2 Greenmount. Ave.  
 Remarks Ordy Presentation.

State, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

51930

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Girl.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sunday night Nov. 20<sup>th</sup> 1881.

4. Place of Birth (Street and Number)

N.E. Cor of Chew & Gay Sts.

5. Full Name of Mother

Kate Clark

6. Mother's Maiden Name

Kate Irish

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

W. L. Clark

9. Father's Occupation

Grocer.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Brewster M.D.

Address

25 1/2 Greenmount Ave.

Remarks

Virgily Presentation.

Record, is of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth November 20<sup>th</sup> 1881
4. Place of Birth (Street and Number) 14 W. 1<sup>st</sup> St. N. B.
5. Full Name of Mother Mary Rebecca Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace Howard County, Md.
8. Full Name of Father William Henry Smith
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. C. Smith
- Address 343 Madison Ave. N. B.
- Remarks Accused, res. Red fully. Do not put the ages of the parents, maybe be making false statements. The father of this child is not yet seven years old.



# RETURN OF A BIRTH

51932

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 Nov. 20th*
4. Place of Birth, (Street and Number) *68 Portland st*
5. Full Name of Mother, *Maggie Schmitt*
6. Mother's Maiden Name, *Maggie Meiring*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Schmitt*
9. Father's Occupation, *Horse-shoe*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

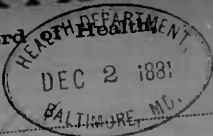
Remarks,

*Birneyville Meiring*  
*1 Laurens st*

# RETURN OF A BIRTH

RETURN OF

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☐ (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

*Address.*

Remarks.

# RETURN OF A BIRTH

51935

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 4<sup>th</sup>  
 1. (state whether male or female) ..... Female  
 2. Race or Color, (if not of the white race) ..... White  
 3. Date of Birth, ..... Nov. 20<sup>th</sup> 89  
 4. Place of Birth, (Street and Number) ..... # 372 West St.  
 5. Full Name of Mother, ..... Sophia Kamphelt  
 6. Mother's Maiden Name, ..... Stricker  
 7. Mother's Birthplace, ..... Kentucky  
 8. Full Name of Father, ..... Robert Kamphelt  
 9. Father's Occupation, ..... Glass - Turner  
 10. Father's Birthplace, ..... Benssin  
 Name of Medical Attendant, or other person who makes this Return ..... Mary Krol  
 Address, ..... # 328 S. Eutan St.  
 Remarks, .....

# RETURN OF A BIRTH

519B6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. ☒ (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20 1881
4. Place of Birth, (Street and Number) 31. E. E. St.
5. Full Name of Mother, Elizabeth W. Stender
6. Mother's Maiden Name, Elizabeth Stender
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, George W. Stender
9. Father's Occupation, Book Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Wm. A. McLaughlin
- Address, 345 E. E. St.
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

51937

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>.*

1. Sex, (state whether male or female)

*Male.*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*20<sup>th</sup> of November.*

4. Place of Birth, (Street and Number)

*Hudson Alley.*

5. Full Name of Mother,

*Matilda Crosby*

6. Mother's Maiden Name,

*Free!*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Charles Cystarus Crosby.*

9. Father's Occupation,

*Shoulder.*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant,

or other Person who makes this Return.

*Charlotte Crosby*

Address,

*369 Cathedral St.*

Remarks,

# RETURN OF A BIRTH

51938

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) ~~African~~ *White*

3. Date of Birth, *November 20th 1881*

4. Place of Birth, (Street and Number) *27 3 Poppleton st*

5. Full Name of Mother, *Catherine V Gray*

6. Mother's Maiden Name, *Catherine V Mills*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Adolphus C Gray*

9. Father's Occupation, *Music Teacher*

10. Father's Birthplace, *Frederick Md*

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

*H. L. Spencer*  
*387 N. Lombard*

# RETURN OF A BIRTH

51939

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Twelve*  
*Male*  
*White*  
*November 20, 1881*  
*100 Baltimore St*  
*Cincinnati Ohio*  
*Thomas*  
*German*  
*White*  
*Teacher*  
*German*  
*Dr. J. H. Smith*  
*100 Baltimore St*

# RETURN OF A BIRTH, 57940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

2. Sex (state whether male or female) WALTER SIERCK ~~Female~~ MALE

3. Race or Color, (if not of the white race) White

4. Date of Birth Nov (30) 1881

5. Place of Birth, (Street and Number) 347 Eutaw St

6. Full Name of Mother MARIE LOUISE ~~(Carmel)~~ Born, Kupa

7. Mother's Maiden Name Sierck

8. Mother's Birthplace New Jersey

9. Full Name of Father August A Born

10. Father's Occupation Mechanic

11. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. H. H.

Address 306 Madison A

Remarks

name of the mother of each child or children.



# RETURN OF A BIRTH

51941

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *November 21 - 5am '87*

Place of Birth, (Street and Number) *N. W. Lombard St. Maternity*

Full Name of Mother, *Dora Standen*

Mother's Maiden Name, *"*

Mother's Birthplace, *St. Mary's, Md.*

Full Name of Father, *Markus*

Father's Occupation, *"*

Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes the Return *L. L. Rittner M.D.*

Address, *N. W. Lombard St. Maternity Hospital*

Remarks, *L. O. I. A. Normal*

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51942

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 1881*

4. Place of Birth, (Street and Number) *N. 332 Fremont Street*

5. Full Name of Mother, *Rosa Arnold*

6. Mother's Maiden Name, *Rosa Handerson*

7. Mother's Birthplace, *Berlin*

8. Full Name of Father, *H. Arnold*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Berlin*

Name of Medical Attendant, or other Person who makes this return. *Mrs. E. Schmitt N. 315 Penna Avenue*

Address,

Remarks,

born, as or their physical condition, whether satisfactory or not, the names, addresses, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*2nd*  
*Male*  
*White*  
*Nov 21st 1881*  
*141 Hanover St*  
*Annie Clark*  
*Anna Goldheimer*  
*Balt. Md*  
*Kott & Clark*  
*Boyle, Maker*  
*Baltimore, Balt. Md*  
*Theodore Cook, M.D.*  
*146 N. Hanover St*

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51944

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. <sup>200</sup> Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

Nov 21<sup>st</sup> 1881 70 Charles Avenue

4. Place of Birth, (Street and Number)

70 W. 11<sup>th</sup> Avenue

5. Full Name of Mother, ...

Lou M. O'Connor

6. Mother's Maiden Name, ...

Lou M. O'Connor

7. Mother's Birthplace, ...

Pa. S. Connors

8. Full Name of Father, ...

J. S. O'Connor

9. Father's Occupation, ...

Gen. Mkr

10. Father's Birthplace, ...

Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Theodore G. G. 146 N. 11<sup>th</sup> St

Remarks, ...

# RETURN OF A BIRTH

51943

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 21<sup>st</sup> 1881*
4. Place of Birth, (Street and Number) *Oliver St. & Mine Bk. Line*
5. Full Name of Mother, *Ferrisaua Taylor*
6. Mother's Maiden Name, *Georgeanna Small*
7. Mother's Birthplace, *Groesbeck City - Md.*
8. Full Name of Father, *James H. Taylor*
9. Father's Occupation, *Gardener*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Russell Wentworth, M.D.*
- Address, *No. 1000 & Chester St.*
- Remarks,

# RETURN OF A BIRTH

51946

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male 5.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 21<sup>st</sup> 1881*

4. Place of Birth, (Street and Number) *18, Bay St.*

5. Full Name of Mother, *Mary Spauldy*

6. Mother's Maiden Name, *Mary Hogan*

7. Mother's Birthplace, *Cork County, Ireland.*

8. Full Name of Father, *Thomas Spauldy*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Wexford County, Ireland.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Emily Snow*

Address, *181 Bay St.*

Remarks,



# RETURN OF A BIRTH

51947

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21<sup>st</sup> November
4. Place of Birth, (Street and Number) 11 Canton st Canton
5. Full Name of Mother, Margret Malick
6. Mother's Maiden Name, Raere
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. Malick
9. Father's Occupation, Labora
10. her's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley
- Address 1016 Patterson Park
- Remarks,

# RETURN OF A BIRTH

51948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of November
4. Place of Birth, (Street and Number) 448 Canton St.
5. Full Name of Mother, Mary ~~Weller~~ Zimmermann
6. Mother's Maiden Name, Weller
7. Mother's Birthplace, Germany
8. Full Name of Father, William Zimmermann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this return Mr. Wiley
- Address, No. 12 Patterson Park St.
- Remarks,



# RETURN OF A BIRTH

51949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Nov 20<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 45 Burgundy Alley
5. Full Name of Mother, Harriet Bailey
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Bailey
9. Father's Occupation, Sailor
10. Father's Birthplace, Accomac County Virginia
- Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas
- Address, 71 Burgundy Alley
- Remarks,

# RETURN OF A BIRTH

57950

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *Jewish*

3. Date of Birth, *21 November*

4. Place of Birth, (Street and Number) *423 Gay street*

5. Full Name of Mother, *Henrietta Adams Alumn*

6. Mother's Maiden Name, *" Blenheim*

7. Mother's Birthplace, *Bairn Baren*

8. Full Name of Father, *Moses Alumn*

9. Father's Occupation, *Builder*

10. Mother's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *48 Felland street Baltimore*

Remarks,



# RETURN OF A BIRTH

51951

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Third  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 21<sup>st</sup>

4. Place of Birth, (Street and Number)

160 N. Calver St.

5. Full Name of Mother,

Emma Schwartz

6. Mother's Maiden Name,

Emma Hammer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Ludwig J. Schwartz

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

M. Thompson

Address;

38 Kan Ave

Remarks,

# RETURN OF A BIRTH

51952

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

# RETURN OF A BIRTH.

51953

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 21st 1881

4. Place of Birth (Street and Number)

No 10 Little Poca St

5. Full Name of Mother

Mary Huey

6. Mother's Maiden Name

Mary Rice

7. Mother's Birthplace

Brenton New Jersey

8. Full Name of Father

James Huey

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J Edward Kiley MD

Address

No 24 Columbia Avenue

Remarks

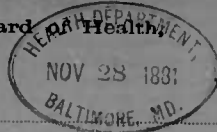
of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

51954

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *1st*
1. Sex, (state whether male or female) ..... *Female*
2. Race or Color, (if not of the white race) ..... *XXXXXX XX XX*
3. Date of Birth, ..... *November 9/81*
4. Place of Birth, (Street and Number) ..... *705 Schenck St*
5. Full Name of Mother, ..... *Flora May Wagner*
6. Mother's Maiden Name, ..... *Schwendner*
7. Mother's Birthplace, ..... *Maryland*
8. Full Name of Father, ..... *John H. Wagner*
9. Father's Occupation, ..... *Dr. in*
10. ☒ Other's Birthplace, ..... *Germany*
- Name of Medical Attendant, or other Person who make this Return ..... *Mary A. Merrill*
- Address, ..... *286 Calverton St*
- Remarks, .....

# RETURN OF A BIRTH

51955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

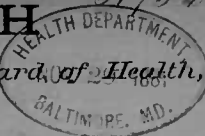
*Dec 11 1881*  
*227 4th St*  
*Mary E. Vance*  
*Lynch*  
*Baltimore*  
*Wm. F. Jones*  
*Bricklayer*  
*Baltimore*  
*Mary A. Atwell*

*226 All Pough st*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6 Child

1. Sex, (state whether male or female) ..... Boy

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ..... 21 Jan. 1881

4. Place of Birth, (Street and Number) ..... 1010 Green St

5. Full Name of Mother, ..... Mary Richard

6. Mother's Maiden Name, ..... Mary Hooper

7. Mother's Birthplace, ..... Germany

8. Full Name of Father, ..... Henry Hooper

9. Father's Occupation, ..... Shoe Maker

10. Father's Birthplace, ..... Germany

Name of Medical Attendant, or other Person who makes this Return, ..... Mary Vazarenus

Address, ..... Russell St 1010

Remarks, .....



# RETURN OF A BIRTH

31937

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 21/81
4. Place of Birth, (Street and Number) 156 Myrtle Ave
5. Full Name of Mother, Kate J. Jones ✓
6. Mother's Maiden Name, Kate J. Carling ✓
7. Mother's Birthplace, Ind ✓
8. Full Name of Father, John M. Jones ✓
9. Father's Occupation, Coal Dealer ✓
10. Father's Birthplace, Ind ✓
- Name of Medical Attendant, or other Person who makes this Return J. Keller M.D.
- Address, 24 W. Green St.
- Remarks,

# RETURN OF A BIRTH

51958

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

First  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

Nov 21<sup>st</sup> 1881

4. Place of Birth, (Street and Number)...

432 Hoffman St

5. Full Name of Mother,

Lina E. Hofmeister

6. Mother's Maiden Name,

" " Reinhold

7. Mother's Birthplace,

Sachsen, Germany

8. Full Name of Father,

William Hofmeister

9. Father's Occupation,

Cigar maker

10. Mother's Birthplace,

Balti Md

Name of Medical Attendant, or other Person who makes this Return.

Regina D. Winter

Address,

186 Stanford Ave

Remarks,

# RETURN OF A BIRTH.

57959

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 21st 1881

4. Place of Birth (Street and Number)

124 N. Bond St

5. Full Name of Mother

Justina Hall

6. Mother's Maiden Name

Justina Bandell

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel J. Hall

9. Father's Occupation

Int. Rev. Inspector

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Jno. P. Lynch M.D.

Address

14 S. Broadway Balt Md.

Remarks

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51960

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 22, 1881
4. Place of Birth, (Street and Number) 147 Hamburg St Baltimore Md.
5. Full Name of Mother, Mamie Felthouse
6. Mother's Maiden Name, Mamie Whyte.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Felthouse.
9. Father's Occupation, Printer.
10. Mother's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Nash.
- Address, 107 Johnson St.
- Remarks,

# RETURN OF A BIRTH

51961

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

November 22nd 1881

5. Place of Birth, (Street and Number)

St. W. C. Dallas St.

6. Full Name of Mother,

Ellen Daugherty, rather O'Neill

7. Mother's Maiden Name,

Ellen O'Neill Daughton

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Philip O'Neill

10. Mother's Occupation,

Laundry

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Louis A. Pearson

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 22nd 81  
No. 236 Canaway St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emilia Stmer  
Beimschla

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
John Stmer

8. Full Name of Father,

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

America  
J. Schigasser midwife  
330 Bonaventure St

Name of Medical Attendant, or other Person who  
makes this Return

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51963

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November 22, 1881
4. Place of Birth (Street and Number) Frederick Road Balto. Co Md
5. Full Name of Mother Mary Elizabeth Rhodes
6. Mother's Maiden Name Mary Elizabeth Smith
7. Mother's Birthplace Petersburg Va
8. Full Name of Father Frank, Calvert Rhodes
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return J. L. Summers
- Address 231 W. Frederick St
- Remarks

# RETURN OF A BIRTH.

519611-

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 22nd 1891

4. Place of Birth (Street and Number)

19 N. High St

5. Full Name of Mother

Georganna Brengle

6. Mother's Maiden Name

Georganna Schulz

7. Mother's Birthplace

Frederick Md

8. Full Name of Father

Wm H Brengle

9. Father's Occupation

Business

10. Father's Birthplace

Frederick Md

Name of Medical Attendant, or other Person who makes this Return.

Q. Doherty, M.D.

Address

486 1/2 Fayette St.

Remarks

Natural labor

name of the mother of such child or children.



# RETURN OF A BIRTH.

51965

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
2. Sex (state whether male or female) *Male*
3. Race or Color (if not of the white race) *White*
4. Date of Birth *November 22<sup>nd</sup> 1881*
5. Place of Birth (Street and Number) *33 N. Frederick St*
6. Full Name of Mother *Williamina German*
7. Mother's Maiden Name *Ballou*
8. Mother's Birthplace *Washington, D.C.*
9. Full Name of Father *Samuel German*
10. Father's Occupation *Baker*
11. Father's Birthplace *Baltimore, Md.*
12. Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. ...*
13. Address *86 E. Fayette St.*
14. Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

One 51966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: Adam John Geyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

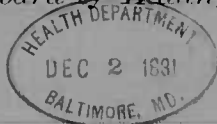
Remarks

Apr 22nd / 81.  
 1132 Fremont St.  
 Ricka B. Geyer.  
 Ricka B. Geyer.  
 Baltimore City.  
 Charles. Geyer.  
 Merchant Sailor.  
 Baltimore City.  
 John. S. G. M. Geyer.  
 City.

# RETURN OF A BIRTH

51967

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 22nd

4. Place of Birth, (Street and Number)

93 E. Thacker St.

5. Full Name of Mother,

Joanna Locadia Therrert

6. Mother's Maiden Name,

Lacy

7. Mother's Birthplace,

City

8. Full Name of Father,

Robert M. Clelland Therrert

9. Father's Occupation,

Pilot

Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this return.

E. H. Brown M.D.

Address,

375 E. Balto. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51968

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 22nd*

4. Place of Birth, (Street and Number) *2 Central Ave*

5. Full Name of Mother, *Sarah Brown*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Porto*

8. Full Name of Father, *"*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return *Charles H. H. H.*

Address *21 E. Lombard St*

Remarks

# RETURN OF A BIRTH

51969

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *22<sup>nd</sup> of November*
4. Place of Birth, (Street and Number) *Gettys St.*
5. Full Name of Mother, *Annie Harris*
6. Mother's Maiden Name, *Simmons*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Harris*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Grosby.*
- Address, *369 Cathedral St.*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

51970

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 22<sup>nd</sup> Nov 1881
4. Place of Birth, (Street and Number) 148 Balt. av.
5. Full Name of Mother Emma Kain Barnes
6. Mother's Maiden Name Emma Kain
7. Mother's Birthplace Newport Ky.
8. Full Name of Father Wm. Barnes
9. Father's Occupation Clerk
10. Father's Birthplace Belt Md
- Name of Medical Attendant, or other Person who makes this return. H. W. Webster
- Address 57 Bained
- Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

57971

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22<sup>d</sup> of November*
4. Place of Birth (Street and Number) *170 N. Wolfe st.*
5. Full Name of Mother *Emma Brunel*
6. Mother's Maiden Name *Clarke*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Brunel*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Saint Mary County*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Louisa A. C. Overton*
- Address *340 N. Washington st*
- Remarks *Healthy*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of H

## BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

- 6.
- Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

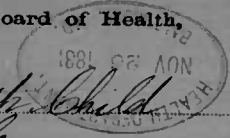
Remarks,



# RETURN OF A BIRTH

51973

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23 ed 81

4. Place of Birth, (Street and Number)

No. 242 at Montgomery st

5. Full Name of Mother,

Elise Rodowsky

6. Mother's Maiden Name,

Reuter

7. Mother's Birthplace,

America

8. Full Name of Father,

Radolph Rodowsky

9. Father's Occupation,

Piano maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schoesser midwife

Address,

330 Hanover st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

57974.

HEALTH DEPARTMENT  
NOV  
26  
1891  
BALTIMORE

- 412

Female  
Whale

Nov 23<sup>d</sup> 88/

222 Chew St

Ellen Sophia Oldsen

*Wise*

md

Henrietta Gates Alden

Clerk K.

md

Irving Miller M.D.  
179 E. Monument St.

Name of Medical Attendant, or other Person who makes this Return.

*Address.*

Remarks

# RETURN OF A BIRTH

51975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> child  
 1. Sex, (state whether male or female) female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth, 23<sup>d</sup> November  
 4. Place of Birth, (Street and Number) No. 36 Rose Canton  
 5. Full Name of Mother, Alice Lawrence  
 6. Mother's Maiden Name, Baltimore  
 7. Mother's Birthplace, Charles Cook  
 8. Full Name of Father, Laborer  
 9. Father's Occupation, Baltimore  
 10. Father's Birthplace, Mrs. Hilley  
 Name of Medical Attendant, or other Person who makes this Return  
 Address, W. B. Patterson Park Ave.  
 Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 23<sup>rd</sup>*
4. Place of Birth, (Street and Number) *No 177 E. Lombard st.*
5. Full Name of Mother, *Sophia & Brain*
6. Mother's Maiden Name, *Fürmeyer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Lewis Brain*
9. Father's Occupation, *Box maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*
- Address, *No 70 Granby st.*
- Remarks, \_\_\_\_\_

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

51977

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6<sup>th</sup> / sixth*

Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 23/86. 12.15 A. M.*

4. Place of Birth, (Street and Number) *72 West St. Balto. Md.*

5. Full Name of Mother, *Anne M. Barbara Risse*

6. Mother's Maiden Name, *Ange M. Barbara Weibrecht*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Albert Risse*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

*Nov 23 1886*  
*J. J. [illegible] [illegible]*

For the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51975

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *Baltimore City, November 23*
4. Place of Birth, (Street and Number) ..... *No 48 Hyde St*
5. Full Name of Mother, ..... *Rose Moore*
6. Mother's Maiden Name, ..... *Rose Stanger*
7. Mother's Birthplace, ..... *Baltimore City*
8. Full Name of Father, ..... *George Moore*
9. Father's Occupation, ..... *Laborer*
10. Father's Birthplace, ..... *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return ..... *Mrs Mary Shaffer*
- Address, ..... *No 114 Ridge St*
- Remarks, .....

# RETURN OF A BIRTH

51979

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23 1881

4. Place of Birth, (Street and Number)

48 Wyck St

5. Full Name of Mother,

Rasana Moore

6. Mother's Maiden Name,

Stanger

7. Mother's Birthplace,

city

8. Full Name of Father,

Geo. Moore

9. Father's Occupation,

Genl Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. D. Blakely

Address,

148 S. Broad St

Remarks,

On the reverse of this form, state the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother born in Baltimore*
1. Sex (state whether Male or Female) *Male Child*
2. Race or Color (if not of the white race) *Color?*
3. Date of Birth *November the 23 1881*
4. Place of Birth (Street and Number) *Jordan alley 20*
5. Full Name of Mother *Martha Taylor*
6. Mother's Maiden Name *Martha Farrell*
7. Mother's Birthplace
8. Full Name of Father *James Taylor*
9. Father's Occupation *Water*
10. Father's Birthplace *a native of Penmon*
- Name of Medical Attendant, or other Person who makes this Return. *Loddy Conish*
- Address *15 Jordan alley*
- Remarks



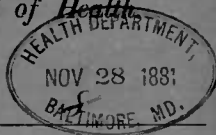
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

51981

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 23<sup>rd</sup> of Nov. 1881
4. Place of Birth, (Street and Number) Trinity St. near Calverton Road
5. Full Name of Mother Mrs. Knopf
6. Mother's Maiden Name Carolina Teclowski
7. Mother's Birthplace born in Prussia Germany
8. Full Name of Father Gotthard Knopf
9. Father's Occupation Worker
10. Father's Birthplace born in Prussia Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Coen
- Address 1014 W. Pratt St.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

57982

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*
1. Sex, (state whether male or female) *ma. C.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Nov 23, 1881.*
4. Place of Birth, (Street and Number) *31 Clinton Ave.*
5. Full Name of Mother, *Sarah W. Lee*
6. Mother's Maiden Name, *Sarah Williams*
7. Mother's Birthplace, *Pan*
8. Full Name of Father, *J. W. M. Lee*
9. Father's Occupation, *Librarian.*
10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Dr. F. P. Morgan*  
*119 W. Monument St.*

For period, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51983

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

November 23 1881

4. Place of Birth, (Street and Number)

No 8 Patapsco St

5. Full Name of Mother,

Lizzie Price

6. Mother's Maiden Name,

Lizzie Nelson

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Soleman Price

9. Father's Occupation,

Stephore

10. Father's Birthplace,

Salisbury Md

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Dorsey

Address,

53 Perry St

Remarks,

five dollars

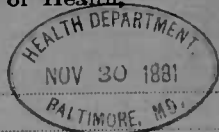
Print the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

51981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Nov. 28<sup>th</sup> 1881

5. Place of Birth, (Street and Number)

Baltimore Ramsey St No. 26

6. Full Name of Mother,

Rosanna Thomas.

7. Mother's Maiden Name,

Sours.

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

William Thomas

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. M. McKell

Address,

No. 38 Parkin St.

Remarks,

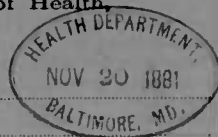
Print name of mother of such child as children.

# RETURN OF A BIRTH

51985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) .....

9<sup>th</sup>

Female

2. Race or Color, (if not of the white race) .....

White

3. Date of Birth, .....

Nov 23<sup>rd</sup> 1881

4. Place of Birth, (Street and Number) .....

Baltimore Parkin St. No. 75

5. Full Name of Mother, .....

Mary Roberts

6. Mother's Maiden Name, .....

Bayley

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

William Roberts

9. Father's Occupation, .....

Laborer

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return .....

Mrs. C. Mitchell

Address, .....

No. 58 Parkin St.

Remarks, .....

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

# RETURN OF A BIRTH

51956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *23. of Novbr. 1881.*

4. Place of Birth, (Street and Number) *62 Camden Str.*

5. Full Name of Mother, *Ani Wagner.*

6. Mother's Maiden Name, *Ani Fisher*

7. Mother's Birthplace, *Brooklyn - N. Y.*

8. Full Name of Father, *Max Wagner*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Saxon (Germany) Dresden*

Name of Medical Attendant, *Minoli*  
or other Person who makes the Return

Address, *62 Camden Str. (Luredayfell St.)*

Remarks,

1. Name of Child, (state whether 1st, 2d, 3d, &c.)

# RETURN OF A BIRTH

51987

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..... 3
2. Race or Color, (if not of the white race) ..... Male
3. Date of Birth, ..... 11
4. Place of Birth, (Street and Number) ..... 107 E. Balto St
5. Full Name of Mother, ..... Lizzie Collins
6. Mother's Maiden Name, ..... Ship
7. Mother's Birthplace, ..... Balto
8. Full Name of Father, ..... James Collins
9. Father's Occupation, ..... Seaman
10. Father's Birthplace, ..... Balto
- Name of Medical Attendant, or other Person who makes this Return ..... Sarah Cooper
- Address, ..... 22 E. Lexington St
- Remarks, .....

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

# RETURN OF A BIRTH

51988

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 23rd 91

4. Place of Birth, (Street and Number)

# 56 Charles St.

5. Full Name of Mother,

Camilla Lehnhardt.

6. Mother's Maiden Name,

" Rhein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lehnhardt.

9. Father's Occupation,

Porter

10. Father's Birthplace,

Hirschman

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address.

# 228 J. Eitan St.

Remarks,



# RETURN OF A BIRTH

51989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 23<sup>d</sup> 1881

4. Place of Birth, (Street and Number)

No 411 Alice Prina St

5. Full Name of Mother,

Rosina Haas

6. Mother's Maiden Name,

Adelman

7. Mother's Birthplace,

City

8. Full Name of Father,

George Haas

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Galt

Address,

120 Bond St

Remarks,

or children.

# RETURN OF A BIRTH

51990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23<sup>rd</sup> of November*
4. Place of Birth, (Street and Number) *172 Greenmount ave.*
5. Full Name of Mother, *Sarah Hook*
6. Mother's Maiden Name, *Hopple*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *John Hook*
9. Father's Occupation, *Conductor*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address, *369 Cathedral St.*
- Remarks,

# RETURN OF A BIRTH,

51991

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov. 23<sup>d</sup> 1881

4. Place of Birth, (Street and Number) 577 Penna. Ave.

5. Full Name of Mother Olivia Brooke

6. Mother's Maiden Name Reamy

7. Mother's Birthplace Virginia

8. Full Name of Father R. C. Brooke

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Johnston M.D.

Address 431 Penna. Ave.

Remarks \_\_\_\_\_

51992-  
HEALTH DEPARTMENT  
f Neg 17,  
1801  
BALTIMORE

A circular ink stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the year "1891" is stamped. Overlaid on the stamp is the handwritten word "Heath" in cursive script.

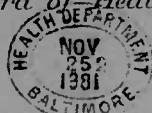
71-

- (white race)  
 (Mar. 23, 1881  
 number) 24 W. 116 St. No. 66  
 Ruthenung Himmelbecker  
 Ebert  
 Barren  
 Hinkelung Himmelbecker  
 Bracker  
 Larnstadt  
 Apr. 24. New York  
 24 W. 116 St. No. 14

# RETURN OF A BIRTH

51993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 24, 1881
4. Place of Birth, (Street and Number) 67 Battery St. Balto. Md.
5. Full Name of Mother, M. Thomas
6. Mother's Maiden Name, M. Booth
7. Mother's Birthplace, Chesapeake City,
8. Full Name of Father, B. Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

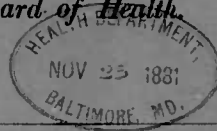
Mrs. Harry Falk  
107 Johnson St. Baltimore Md.

# RETURN OF A BIRTH,

31994

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 24<sup>th</sup> 1881

4. Place of Birth, (Street and Number) S.W. cor. Washington & Monument St.

5. Full Name of Mother Mary Elizabeth Ayer

6. Mother's Maiden Name Hirshman

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father John Ayer

9. Father's Occupation Apemist

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

name of the mother of said child, and the name of the father, and the name of the child, and the date of birth, and the place of birth, and the name of the medical attendant, and the name of the person who makes this return.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31995

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. <sup>Place</sup> Date of Birth *2 Balbow Alley -*
4. <sup>Date</sup> Place of Birth (Street and Number) *24 Nov. 1881.*
5. Full Name of Mother *Mattie Caldwell,*
6. Mother's Maiden Name *Helmsley,*
7. Mother's Birthplace *E. Shore, Md.,*
8. Full Name of Father *William Caldwell,*
9. Father's Occupation *Master,*
10. Father's Birthplace *Philadelphia, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *J. L. Doyle M.D.*
- Address *247 Lawrence St.*
- Remarks

51996

2



1. Sex, (state whether male or female)

Hals

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Nov. 24-81- 6 1/2 Bu.

4. *Place of Birth, (Street and Number)*

1461 N. Lombard St. (Maternity)

5. Full Name of Mother,.....

Annie Brown

6. *Mother's Maiden Name,*

11

7. *Mother's Birthplace,*

Mary Lund

8. *Full Name of Father.*

22/11/2020

**Father's Occupation.**

10. *Father's Birthplace*.....

Name of Medical Attendant, or other Person who makes this Return

D.L. Pittman M.D.  
Maternity Hospital

Address.

Address, \_\_\_\_\_  
Remarks, *L. O. I. A. - Illegitimate*

Remarks, *L. V. A. F. - Algeitman*



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd

Male

White

Nov 24 1881

604 South Charles

Catherine Kuemmel

Catherine Kuemmel

Balt Md

Kustav Kuemmel

Sailor

Germany

Theodore Cooke MD

148 N. Ave. St

# RETURN OF A BIRTH

51998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth, November 24 1881

4. Place of Birth, (Street and Number) 10 Harrison st.

5. Full Name of Mother, Charlotte Harris

6. Mother's Maiden Name, Schott

7. Mother's Birthplace, Europe

8. Full Name of Father, Mr. Harris

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Learn its of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

51999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 26<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *105 N High St*
5. Full Name of Mother *Agnes Patricia Byrne*
6. Mother's Maiden Name *Myles*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *Edward A. Byrne*
9. Father's Occupation *Undertaker*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *W. S. Boston*
- Address *152 Madison St.*
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Born on the 24th of November 1881

4. Place of Birth, (Street and Number) 103 Wilkens St.

5. Full Name of Mother Mrs. Müller

6. Mother's Maiden Name Maggie Müller

7. Mother's Birthplace Born in Bavaria Germany

8. Full Name of Father Charles H. Müller

9. Father's Occupation He Worker

10. Father's Birthplace Born in Bavaria Germany

Name of Medical Attendant Dr. H. H. Miller  
or other Person who makes this Return.

Address 1017 W. Pratt St.

Remarks \_\_\_\_\_

# RETURN OF A BIRTH

52001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Newark, N. J., 1881.

4. Place of Birth, (Street and Number)

Hamstead A., 1681.

5. Full Name of Mother,

Philippine Haffel.

6. Mother's Maiden Name,

Philippine Frens.

7. Mother's Birthplace,

Harburg, N. Prussia, Germany.

8. Full Name of Father,

Heinrich Haffel.

9. Father's Occupation,

Cabinet maker.

10. Father's Birthplace,

Salzdorf, N. Prussia, Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Müller.

Address,

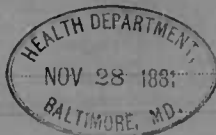
16 Dallas St. N. E. 26.

Remarks,

# RETURN OF A BIRTH

520021

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether ~~male~~ or female) .

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 24, 1881*

4. Place of Birth, (Street and Number) *Orlean St. No. 222.*

5. Full Name of Mother, *Sophia White*

6. Mother's Maiden Name, *Sophia Birn*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Charles White*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Frederick A. New Jersey, U. S.*

Name of Medical Attendant, or other person who makes this Return *May E. Haller*

Address, *6 Baltimore St.*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52003

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 nd child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *24 November 1881*

4. Place of Birth (Street and Number) *Cross street 239*

5. Full Name of Mother *Luiza Watters*

6. Mother's Maiden Name *Louiza doudy*

7. Mother's Birthplace *Lancaster County Virginia.*

8. Full Name of Father *Lab Gilbert Watters*

9. Father's Occupation *Oyster shucker*

10. Father's Birthplace *Lancaster county Virginia*

Name of Medical Attendant, or other Person who  
makes this Return. *Katherine Riley*

Address *44 Walku Street*

Remarks

# RETURN OF A BIRTH

52001

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

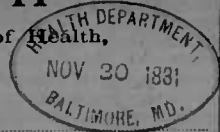


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 8<sup>th</sup>  
1. Sex, (state whether male or female) ..... Male  
2. Race or Color, (if not of the white race) ..... White  
3. Date of Birth, ..... Nov. 24<sup>th</sup> 1881  
4. Place of Birth, (Street and Number) ..... Baltimore Pratt St. No. 54  
5. Full Name of Mother, ..... Mary. Lane  
6. Mother's Maiden Name, ..... Connor  
7. Mother's Birthplace, ..... Baltimore  
8. Full Name of Father, ..... Clay. Lane  
9. Father's Occupation, ..... Moulder  
10. Father's Birthplace, ..... Baltimore  
Name of Medical Attendant, or other Person who makes this Return ..... Mrs. C. Mitchell  
Address ..... N. 58 Parker St.  
Remarks .....



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 24<sup>th</sup> 1881

4. Place of Birth, (Street and Number) Baltimore Columbia Ave. No. 207

5. Full Name of Mother, Mary Seamon

6. Mother's Maiden Name, Howard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Seamon

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. G. M. Shell

Address 82 S. 8. Parkin St.

Remarks.

# RETURN OF A BIRTH.

GIVEN NAME ADDED 11-18-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Morris Richard Lindell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday night Nov. 24th. 1881

4. Place of Birth (Street and Number)

211 E. Cor of Eager & Jones St.  
Rose Lindell

5. Full Name of Mother

Rose Bull

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Richard Lindell

8. Full Name of Father

Varnisher

9. Father's Occupation

Baltimore Md

10. Father's Birthplace

Wilmer Drinton M.E.

Name of Medical Attendant, or other Person who makes this Return.

25 1/2 Greenmount Ave

Address

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Thursday, Nov. 24th, 1881.
4. Place of Birth (Street and Number) 97 E. Eager St.
5. Full Name of Mother Mary Parr.
6. Mother's Maiden Name Mary Driscoll.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Joseph Parr.
9. Father's Occupation Iron Turner.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Wilmer Driscoll, M.D.,
- Address 25 1/2 Government Ave.
- Remarks Unly Presentation

# RETURN OF A BIRTH

52108

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Mar 14th*
4. Place of Birth, (Street and Number) *40 Albemarle St*
5. Full Name of Mother, *Margaret White*
6. Mother's Maiden Name, *Cronin*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Barney Miles*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Harold Cusper*
- Address *22 E. Lombard St*
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>2<sup>d</sup></sup>

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *red*
3. Date of Birth, *24 Nov. 1881*
4. Place of Birth, (Street and Number) *near of 188 Park Ave*
5. Full Name of Mother, *Ellen Tydings Davis*
6. Mother's Maiden Name, *" Tydings*
7. Mother's Birthplace, *md*
8. Full Name of Father, *Lehas T Tydings*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*4 Lane Danvers*  
*129 N Biddle st*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

59119

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3<sup>d</sup>
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) 2
3. Date of Birth 24<sup>th</sup> of Nov
4. Place of Birth (Street and Number) Mulberry St No 70
5. Full Name of Mother Apollonia Rosenbergs
6. Mother's Maiden Name A. Carl
7. Mother's Birthplace Baltimore
8. Full Name of Father Anthon Rosenbergs
9. Father's Occupation Upholsterer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. H. Whitman M.D.
- Address 120 Paul st.
- Remarks

# RETURN OF A BIRTH

52113

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Nov. 24, 1891  
 11. Halsted No. 2  
 Elizabeth Rosenthal  
 Frieda  
 Balt.  
 Johann Rosenthal  
 Bookbinder  
 Balt.  
 11. Halsted No. 111

# RETURN OF A BIRTH

52014

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) ..

3. Date of Birth, .....

Nov 24/01

4. Place of Birth, (Street and Number) .....

1504 Canton Ave

5. Full Name of Mother, .....

Julie Nelson

6. Mother's Maiden Name, .....

Schmidt

7. Mother's Birthplace, .....

Germany

8. Full Name of Father, .....

Henry Nelson

9. Father's Occupation, .....

Carpenter

10. Father's Birthplace, .....

Denmark

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Kraft

Address, .....

236 Canton Ave

Remarks, .....



# RETURN OF A BIRTH

52015

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

*Deborah Bertron Wilson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

3

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Nov 24 - 1881*

4. Place of Birth, (Street and Number)

*129 Bolton St.*

5. Full Name of Mother,

*May B. Wilson*

6. Mother's Maiden Name,

*Kunkel*

7. Mother's Birthplace,

*Federick Co.*

8. Full Name of Father,

*John K. Wilson*

9. Father's Occupation,

*Merchant*

10. Mother's Birthplace,

*Balt.*

Name of Medical Attendant, or other Person who makes this Return.

*J. M. Wilson*

Address,

*Joseph*

GIVEN NAME ASSES

*251 Mad. Ave.*

Remarks,

*12-3-53*

*A.M.*



# RETURN OF A BIRTH

52016

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *November 24th. 1881.*  
 4. Place of Birth, (Street and Number) *No 252 E. Madison St.*  
 5. Full Name of Mother, *Mary Burnitch*  
 6. Mother's Maiden Name, *Mary Ebbeling.*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Fred. Burnitch*  
 9. Father's Occupation, *Merchant Tailor Establishment.*  
 10. Father's Birthplace, *German*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. H. F. Butt.*  
 Address, *No 188 S.E. cor. Central av & Monument St.*  
 Remarks, *All Well. Sickly.*

# RETURN OF A BIRTH.

52017

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

old

3. Date of Birth

25 of November

4. Place of Birth (Street and Number)

212 Heambury St

5. Full Name of Mother

Allie Wesley

6. Mother's Maiden Name

Heaser

7. Mother's Birthplace

Va

8. Full Name of Father

John Wesley

9. Father's Occupation

Cister Shooker

10. Father's Birthplace

unknown

Name of Medical Attendant, or other Person who makes this Return.

Henry Peters

Address

80 Linden Hall St

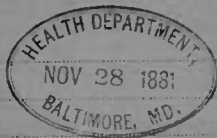
Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

52018

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *November the 25, 1881*

5. Place of Birth, (Street and Number) *S. Bond. St. 19265*

6. Full Name of Mother, *Elisabetha Schleiger*

7. Mother's Maiden Name, *Elisabetha Ferschmidt*

8. Mother's Birthplace, *Baltimore City*

9. Full Name of Father, *Ludwig Schleiger*

10. Father's Occupation, *Tavern Keeper*

11. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes the Return *Mary E. Matter*

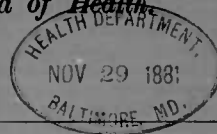
Address, *2415 N. 2<sup>nd</sup> St.*

Remarks,

# RETURN OF A BIRTH,

52019

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



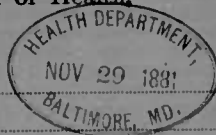
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth The 28 of November  
 4. Place of Birth, (Street and Number) 12 303 Central Ave  
 5. Full Name of Mother Lize Towner  
 6. Mother's Maiden Name Lize Towner  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Nicholas Winder  
 9. Father's Occupation Carpenter  
 Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Towner  
 Address 173 Hanover Ave  
 Remarks 55

name of the mother of such child or children.

# RETURN OF A BIRTH

59020

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Brown skin

3. Date of Birth,

Nov the 25

4. Place of Birth, (Street and Number)

Carlton st No 47

5. Full Name of Mother,

Hester Beane

6. Mother's Maiden Name,

7. Mother's Birthplace,

Barre Vermont

8. Full Name of Father,

Henry Johnson

9. Father's Occupation,

operates shavers

10. Father's Birthplace,

Friedrich Va

Name of Medical Attendant, or other Person who makes this Return

George A. Webb

Address,

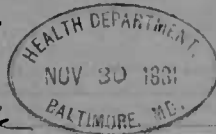
No 6007 Washington st

Remarks,

# RETURN OF A BIRTH.

52021

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 25<sup>th</sup> 1881*  
 4. Place of Birth (Street and Number) *Baltimore Charles St 293*  
 5. Full Name of Mother *Bridget Heays*  
 6. Mother's Maiden Name *Ryan*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Edward Heays*  
 9. Father's Occupation *works in gas house*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Scarborough*  
 Address *No 220 Montgomery St Balt.*  
 Remarks

# RETURN OF A BIRTH

52022

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 25<sup>th</sup> 1881*
4. Place of Birth, (Street and Number) *143 Gallery Ave.*
5. Full Name of Mother, *E. L. Fannie A. Rowe*
6. Mother's Maiden Name, *Abbott*
7. Mother's Birthplace, *Cambridge, Ind.*
8. Full Name of Father, *Robert S. Rowe, M.D.*
9. Father's Occupation, *Physician*
10. Mother's Birthplace, *Fredricksburg, Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Robert S. Rowe, M.D.*
- Address, *323 Light St. and 143 Gallery Ave, Balt, Md.*
- Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52023

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

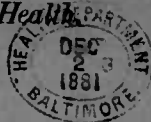


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Mar 23-*
4. Place of Birth (Street and Number) *178 Lemmon aly*
5. Full Name of Mother *Elizabeth Deddy*
6. Mother's Maiden Name *Elizabeth Wilkens*
7. Mother's Birthplace *Petersburg Va*
8. Full Name of Father *Winston Deddy*
9. Father's Occupation *laborer*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*
- Address *212 Dover st*
- Remarks

# RETURN OF A BIRTH,

520211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth 25 of Nov
4. Place of Birth, (Street and Number) Bond St 66
5. Full Name of Mother Anna Harris
6. Mother's Maiden Name Anna Thomas
7. Mother's Birthplace Louisiana
8. Full Name of Father William Harris
9. Father's Occupation Grain Runner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Midwife Harriet Brittan
- Address 188 Bethel St
- Remarks

# RETURN OF A BIRTH,

52023

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH, 32026

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 25 1881

4. Place of Birth, (Street and Number)

Clément Street 22

5. Full Name of Mother

Mary McAlister

6. Mother's Maiden Name

Mary Thomas

7. Mother's Birthplace

Virginia

8. Full Name of Father

J. A. McAlister

9. Father's Occupation

Laborer

Father's Birthplace

Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Address

Maryie E. McAlister

Remarks

No 13 Cuba St

# RETURN OF A BIRTH.

52097

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 25 1881
4. Place of Birth (Street and Number) Baltimore Lane at 15
5. Full Name of Mother Elizabeth Sharp
6. Mother's Maiden Name Elizabeth Jacobs
7. Mother's Birthplace Baltimore City
8. Full Name of Father John H. Sharp
9. Father's Occupation Builder
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. S. D. Bush
- Address 173 Presbman st
- Remarks ( Perfectly Healthy

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male James Fredric Lierco
2. Race or Color (if not of the white race) colored race
3. Date of Birth November the 25th 1881
4. Place of Birth (Street and Number) Robert Lierco Salisb'ry st no 61
5. Full Name of Mother Robert Lierco
6. Mother's Maiden Name Robert Lierco
7. Mother's Birthplace Saint Mary's county
8. Full Name of Father Edward Lierco
9. Father's Occupation Degeer
10. Father's Birthplace Saint Mary's county
- Name of Medical Attendant, or other Person who makes this Return. Marahann gilleon midwife
- Address residence 66 Salisb'ry street
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

32029

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th (Seven).

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 26<sup>th</sup> 1881 8 AM.  
168 N. Carey St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary C Stewart.

6. Mother's Maiden Name

Bond.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

John M. Stewart.

9. Father's Occupation

Tobaccoist.

10. Father's Birthplace

Lynne Co. Ireland.

Name of Medical Attendant, or other Person who makes this Return.

N. G. Heine, M.D.

Address

74 N. Taca St.

Remarks

# RETURN OF A BIRTH

59030

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 26 1881*

4. Place of Birth, (Street and Number) *No 515 Light Street*

5. Full Name of Mother, *Georganna Ruby*

6. Mother's Maiden Name, *Tracy*

7. Mother's Birthplace, *Howard Co Md*

8. Full Name of Father, *Charles Ruby*

9. Father's Occupation, *Freight Conductor B. & O. R. R.*

10. Father's Birthplace, *Barroll Co Md*

Name of Medical Attendant, or other Person who makes this Return *E. Hunter*

Address, *606 North Charles Street*

Remarks,



# RETURN OF A BIRTH

52031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Nov 26 1881

5. Place of Birth, (Street and Number)

107 N. Howard St.

6. Full Name of Mother,

Catherine Fell

7. Mother's Maiden Name,

Staff

8. Mother's Birthplace,

Ind.

9. Full Name of Father,

Frank Fell

10. Father's Occupation,

Clerk

11. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. P. Morgan

Address,

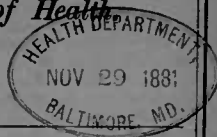
119 N. Monument St.

Remarks,

# RETURN OF A BIRTH,

52032

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth The 25 to the 26th of November
4. Place of Birth, (Street and Number) 1825, Gay St.
5. Full Name of Mother Mary Anne
6. Mother's Maiden Name Mary Beaman
7. Mother's Birthplace Baltimore
8. Full Name of Father John Beaman
9. Father's Occupation Labr
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. Cristina Sauer
- Address 113 Haps over
- Remarks 55

# RETURN OF A BIRTH

52033

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 26 1881*
4. Place of Birth, (Street and Number) *161 Park Ave.*
5. Full Name of Mother, *Hannie Gamble Lawder*
6. Mother's Maiden Name, *Hannie Gamble*
7. Mother's Birthplace, *Florida*
8. Full Name of Father, *Charles Semison Lawder*
9. Father's Occupation, *Broker*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *C. B. Gamble M.D.*
- Address, *87 Cathedral*
- Remarks,

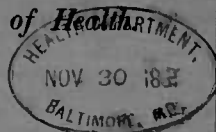
of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH,

52034

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 26<sup>th</sup> 1881

4. Place of Birth, (Street and Number) 6 Monument near East St

5. Full Name of Mother Alice Taylor

6. Mother's Maiden Name Alice Gunderson

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Samuel Taylor

9. Father's Occupation Brick layer

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amarda Marine

Address 578 6 Monument

Remarks Baltimore Md

# RETURN OF A BIRTH

52035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female)

ret  
Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 26<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

17 Clarke St

5. Full Name of Mother,

Louisa Venhart

6. Mother's Maiden Name,

Louisa Lanietz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Leopold Venhart

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook Md

Address,

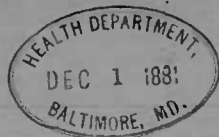
54th Avenue

Remarks,

# RETURN OF A BIRTH

52036

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

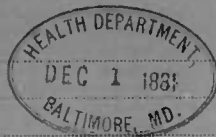


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex, (state whether male or female) ... *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *26<sup>th</sup> November*  
 4. Place of Birth, (Street and Number) *Potomac street (No number)*  
 5. Full Name of Mother, *Sarah Emma Miller*  
 6. Mother's Maiden Name, *Sarah Emma Reese*  
 7. Mother's Birthplace, *Baltimore City*  
 8. Full Name of Father, *William Miller*  
 9. Father's Occupation, *Car conductor*  
 10. Father's Birthplace, *Columbus Ohio*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Dickens*  
 Address, *107 Curley street canton*  
 Remarks,

# RETURN OF A BIRTH

52037

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

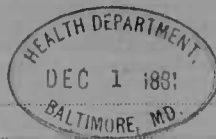


1. Sex, (state whether male or female) ..... *male*
2. Race or Color, (if not of the white race) ..... *Colord*
3. Date of Birth, ..... *Nov 9 20*
4. Place of Birth, (Street and Number) ..... *79 East st*
5. Full Name of Mother, ..... *Annice Besaddengain*
6. Mother's Maiden Name, ..... *not married*
7. Mother's Birthplace, ..... *Barn st enny hill md*
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....
- Name of Medical Attendant, or other Person who make this Return ..... *Mrs. Leas Johnson*
- Address, ..... *no 31 Short st*
- Remarks, ..... *Healthy Child*

# RETURN OF A BIRTH

52038

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether ~~male~~ or female)...

2. Race or Color, (if not of the white race) ...

3. Date of Birth,

November 26

4. Place of Birth, (Street and Number)

96 N. Greene St.

5. Full Name of Mother,

Hattie Stradley

6. Mother's Maiden Name,

Hattie Kettner

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Lionidas Stradley

9. Father's Occupation,

Printer

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return.

W.B. Griffith M.D.

Address,

160 W. Madison

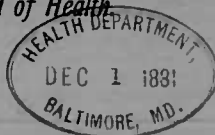
Remarks,



# RETURN OF A BIRTH.

52039

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 8th.  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Saturday night Nov. 26 Th. 1881.  
 4. Place of Birth (Street and Number) 243 Forrester St.  
 5. Full Name of Mother Susan Wallace.  
 6. Mother's Maiden Name Susan Duff.  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father John F. Wallace.  
 9. Father's Occupation Carpenter.  
 10. Father's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this Return Wilmer Brintow M.D.  
 Address 25 1/2 Greenmont Ave.  
 Remarks Transverse Presentation

# RETURN OF A BIRTH

52040

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 26<sup>th</sup> 87

4. Place of Birth, (Street and Number)

# 95 Hanover St.

5. Full Name of Mother,

Matilda Mack

6. Mother's Maiden Name,

Shepleman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Aug. Mack

9. Father's Occupation,

Joiner

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this return

P. Mary Hook

Address,

# 328 S. Euter St.

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *Italian*  
3. Date of Birth *November 26th 1881*  
4. Place of Birth (Street and Number) *161 Camden St*  
5. Full Name of Mother *Catherine Intona*  
6. Mother's Maiden Name *"*  
7. Mother's Birthplace *Italy*  
8. Full Name of Father *Emilio Intona*  
9. Father's Occupation *Print Shop*  
10. Father's Birthplace *Italy*

Name of Medical Attendant,

or other Person who makes this Return.

Address

Remarks

*Dr. Hiram Perry*  
*8 Church St*

# RETURN OF A BIRTH

52042

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 26, 1881

4. Place of Birth, (Street and Number)

S. Graham St. No. 25

5. Full Name of Mother,

Marigunde Senf

6. Mother's Maiden Name,

Marigunde Birle

7. Mother's Birthplace,

Leizendorf, B. Bayern, Germany

8. Full Name of Father,

Wilhelm Senf

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Leizendorf, B. Bayern, Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. E. Müller

Address,

W. Senf, No. 25

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mar. 26, 1881  
E. Brewster No 55

Elizabeth Wagner  
Schepers  
Balt.

Michael Wagner

Teacher  
Barren

Wm. J. Brachman  
E. W. No 11

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) colored

3. Date of Birth 26 Feb

4. Place of Birth (Street and Number) 37 Orchard St

5. Full Name of Mother Sarah Davis

6. Mother's Maiden Name Sarah Johnson

7. Mother's Birthplace born in Baltimore

8. Full Name of Father Lewis Davis

9. Father's Occupation Carter

10. Father's Birthplace born in Prince Georges Co., D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs Emma Johnson 92 Tyson St

Address

Remarks doing well

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child  
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 27<sup>th</sup> 1881.  
No 176 Mulberry St.  
Rosy George.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

" " Luethner.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bread George

9. Father's Occupation,

Brush Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner

Address,

No 46 S. Monro. St.

Remarks,

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

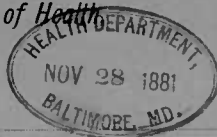


Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52046

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**

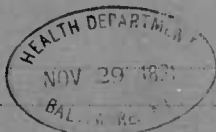


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 1st 1881
4. Place of Birth (Street and Number) 275 Lombard St.
5. Full Name of Mother Harriet M. Harwood
6. Mother's Maiden Name " "
7. Mother's Birthplace City
8. Full Name of Father John P. Harwood
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Harwood
- Address 100 Lombard St. and Lombard St.
- Remarks

# RETURN OF A BIRTH

52047

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 27 - 1881

4. Place of Birth, (Street and Number)

No. 187 Chesnut alley.

5. Full Name of Mother,

Virginia Ann Jones

6. Mother's Maiden Name,

Mason

7. Mother's Birthplace,

Amelia County Virginia

8. Full Name of Father,

Thomas Washington Jones

9. Father's Occupation,

Shoe Mechanic

10. Father's Birthplace,

Calverh County Maryland

Name of Medical Attendant, or other Person who makes this Return

Chas. E. King, M.D.

Address,

224 Paratoga St.

Remarks,

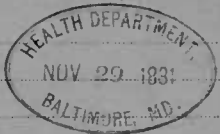
# RETURN OF A BIRTH

52041

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Nov. 29<sup>th</sup> 1881.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Nov 27<sup>th</sup> 1881
5. Place of Birth, (Street and Number) No 114 N. Chappel St
6. Full Name of Mother, Ursuli Honnan
7. Mother's Maiden Name, Ursuli Jacob
8. Mother's Birthplace, America
9. Full Name of Father, Sebastian Honnan
10. Father's Occupation, Tailor
11. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Amend.

Address, No 137 S. Wolfe St.

Remarks,

# RETURN OF A BIRTH

59149

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) \_\_\_\_\_
4. Date of Birth, 27th Dec
5. Place of Birth, (Street and Number) No 63 Central Ave
6. Full Name of Mother, Rose Kelly Bauss
7. Mother's Maiden Name, Cutbill
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George Bauss
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Hopkin Simon
- Address, No 70 Grand St
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

52050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday November 3rd 1881

4. Place of Birth, (Street and Number)

Baltimore Md. Balto. St. No. 505

5. Full Name of Mother,

Henrietta Mendels

6. Mother's Maiden Name,

Henrietta Appel

7. Mother's Birthplace,

Hamburg by Cassel

8. Full Name of Father,

Mendel Mendels

9. Father's Occupation,

Carpet Business

10. Father's Birthplace,

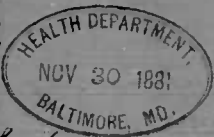
Name of Medical Attendant, or other Person who makes this Return

Mrs. Dummer

Address,

No. 66 Schroeder St.

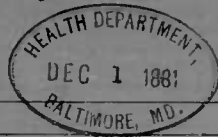
Remarks,



# RETURN OF A BIRTH, 52051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Birth

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

24 November

4. Place of Birth, (Street and Number)

Hastil Street No 128

5. Full Name of Mother

Elisabeth Lorenz

6. Mother's Maiden Name

" " Munk

7. Mother's Birthplace

Oberneldstadt Hessen

8. Full Name of Father

Joseph Lorenz

9. Father's Occupation

Boymeyer

10. Father's Birthplace

Gretchenheit Baiern

Name of Medical Attendant, or other Person who makes this Return.

Bank Street No 183

Address

Remarks

Dr. Munk

# RETURN OF A BIRTH

52053

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *colored*
4. Date of Birth, *may 27*
5. Place of Birth, (Street and Number) *92 norths Dallas St*
6. Full Name of Mother, *Eliza Brown*
7. Mother's Maiden Name, *Eliza Canale*
8. Mother's Birthplace, *Richmond Va*
9. Full Name of Father, *George Brown*
10. Father's Occupation, *waiter*
11. Father's Birthplace, *Newport Ri*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Leas Johnson*
- Address *110 31 street st*
- Remarks *Healthy Child*

# RETURN OF A BIRTH

52053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name. Emilie Ahau

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,



54  
Female

White

Nov 27th 89

# 13 Clara China St.

Augusta Ahau

(Herman) Schumann

Baltimore

Frederick (Fred) Ahau

Shoe maker

Prussia

Mary Koch

# 328 J. E. Howard St.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth, *November 29th, 12:40 A.M.*
4. Place of Birth, (Street and Number)... *No. 428 N. Calhoun Street*
5. Full Name of Mother, *Ellen Virginia Russell*
6. Mother's Maiden Name, *Edwards*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *J. R. Russell*
9. Father's Occupation, *Plaster*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, *Dr. W. H. DeLoach*
- Address, *N. E. Cor. Columbia Ave. & Fremont St.*
- Remarks, *Child in good physical condition, & living.*

# RETURN OF A BIRTH

52055

To the Office, of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 22 18
4. Place of Birth, (Street and Number) 224 Trench St
5. Full Name of Mother, Fredericka Carsting
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Carsting
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard St
- Remarks.

# RETURN OF A BIRTH

52056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

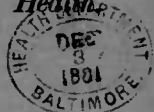


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Apr 1881
4. Place of Birth, (Street and Number) 500 Washington St
5. Full Name of Mother, Louise Brown
6. Mother's Maiden Name, Thurman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louise Brown
9. Father's Occupation, Thurman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. E. L. L. L.
- Address, 193 E. L. L. L.
- Remarks,

# RETURN OF A BIRTH,

59057

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 27<sup>th</sup> 1887.
4. Place of Birth, (Street and Number) 43 Stockton St.
5. Full Name of Mother Amanda Chandler
6. Mother's Maiden Name Rissamen
7. Mother's Birthplace Balta. City Md.
8. Full Name of Father Robert Chandler
9. Father's Occupation Cigar Maker
10. Father's Birthplace Balta City Md.
11. Name of Medical Attendant, or other Person who makes this return. Christy M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

Name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the sex, name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

59055

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 27<sup>th</sup> 1891
4. Place of Birth (Street and Number) 60 Stiles St
5. Full Name of Mother Emma Wolf
6. Mother's Maiden Name Fischer
7. Mother's Birthplace Balto. City
8. Full Name of Father Adams Wolf
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Francis A. Jones M.D.
- Address 105 N. Central Ave
- Remarks

of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



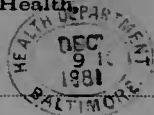
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 27 1881*
4. Place of Birth (Street and Number) *232 W. Lombard Street*
5. Full Name of Mother *Lizzie Holzman*
6. Mother's Maiden Name *Lauer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Michael Holzman*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Abraham Waldman*
- Address *84 N. Eutan Street*
- Remarks

# RETURN OF A BIRTH

52060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. ☒, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Nov. 27, 1981
4. Place of Birth, (Street and Number) 35 Brown St.
5. Full Name of Mother, Rachel Gump.
6. Mother's Maiden Name, " Rosenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Moses B. Gump.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, R. J. N. Tall, M.D.  
or other Person who makes this Return
- Address, 152 Sharp St.
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

39061

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 27th 1881*

4. Place of Birth, (Street and Number) *23 Clinton Ave.*

5. Full Name of Mother, *Fannie Corben Boyce*

6. Mother's Maiden Name, *Fannie Corben Winton*

7. Mother's Birthplace, *Vine St Balto*

8. Full Name of Father, *Edward Francis Boyce*

9. Father's Occupation, *Fireman N. E. St*

10. Father's Birthplace, *Vine St Balto*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs Dunder  
60 Schroeder St.*

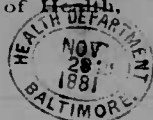


# RETURN OF A BIRTH

59062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks

Female  
White

Nov 28<sup>th</sup> 1881

161 W Lombard St. (Maternity)

Mrs. Nils Adolph Smith

Copenhagen Denmark

A. M. Smith

Baker

Copenhagen

L. L. Ritting M. D.

161 W Lombard St

L. C. L. Adairnat Placenta & Profuse

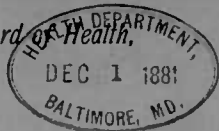
P. P. A. -

Birth, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

52163

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

negro

3. Date of Birth

Monday, Nov: 28<sup>th</sup> 1881

4. Place of Birth (Street and Number)

no 7 Greenwillow St

5. Full Name of Mother

Mary Brown

6. Mother's Maiden Name

7. Mother's Birthplace

Chertstown Md

8. Full Name of Father

Boyer Brown

9. Father's Occupation

Butler

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr J H Powell M.D.  
87 Franklin St

Address

Remarks

# RETURN OF A BIRTH, 52064

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth. (16th)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 28th, 1881

4. Place of Birth, (Street and Number) No. 4218 E. Eager Street

5. Full Name of Mother Mrs. Mary E. Kennard

6. Mother's Maiden Name Mrs. Mary E. Kennard

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. Thomas J. Kennard

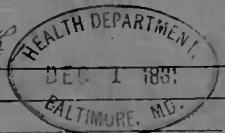
9. Father's Occupation Cigar Maker

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Wm. H. Cleudiment, M.D.

Address No. 1021 North Broadway

Remarks

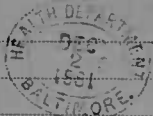


name of the mother of such child or children.

# RETURN OF A BIRTH

52065

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

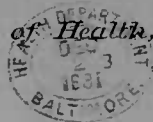


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6<sup>th</sup>
1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... Nov 28<sup>th</sup> 84
4. Place of Birth, (Street and Number) ..... # Ridgely Heights
5. Full Name of Mother, ..... Elizabeth Halin
6. Mother's Maiden Name, ..... Gries-hacker
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Adam Halin
9. Father's Occupation, ..... Laborer
10. Mother's Birthplace, ..... Hesse Germany
- Name of Medical Attendant, or other Person who makes this return ..... Mary Roth
- Address, ..... # 328 S. Eutan St
- Remarks, .....

# RETURN OF A BIRTH

52066

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, Nov. 28 1881  
 4. Place of Birth, (Street and Number) 227 Gough St.  
 5. Full Name of Mother, Rose McPaul  
 6. Mother's Maiden Name, Wilkin  
 7. Mother's Birthplace, Scotland  
 8. Full Name of Father, Paul McPaul  
 9. Father's Occupation, Shipbuilder  
 10. Father's Birthplace, Ireland  
 Name of Medical Attendant, or other Person who makes this return, A. H. Eichel, M.D.  
 Address, 94 S. Broadway  
 Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child Born 3.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28 Feb. 1881.*
4. Place of Birth, (Street and Number) *480 Canton St. Balto. City.*
5. Full Name of Mother, *Mary Elizabeth Lingennum*
6. Mother's Maiden Name, *" " " Parkison*
7. Mother's Birthplace, *" " " Hamburg, a. l. d.*
8. Full Name of Father, *Theodor Heinrich Eduard Lingennum*
9. Father's Occupation, *Cannemaker*
10. Father's Birthplace, *St. Annen P. Abelle, Hannover, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. G. G. G.*
- Address *10 B. Hollman Park St.*
- Remarks

# RETURN OF A BIRTH

52068

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 28<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

No 211 S Lombard st

5. Full Name of Mother,

Lina Raus

6. Mother's Maiden Name,

" Friedrick

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

George Raus

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bate

Address,

120 Baithe st

Remarks,

# RETURN OF A BIRTH

52069

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November the 22. 1881

4. Place of Birth, (Street and Number)

18 Durham St. No. 11.

5. Full Name of Mother,

Maria Reinhold

6. Mother's Maiden Name,

Anna Schulz

7. Mother's Birthplace,

Gluechau N. Sachsen, Germany

8. Full Name of Father,

Friedrich Reinhold

9. Father's Occupation,

Car

10. Mother's Birthplace,

Gluechau, N. Sachsen, Germany

Name of Medical Attendant, or other Person who makes this Return

Harry E. Miller

Address,

15 Dallas St. No. 26

Remarks,



# RETURN OF A BIRTH

52070

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 28, 1881

4. Place of Birth, (Street and Number) St. Helens St. 71

5. Full Name of Mother, Mary Wagner

6. Mother's Maiden Name, Lehner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Wagner

9. Father's Occupation, Lehner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. B. Bachman

Address, St. Helens St. 71

Remarks, Wife

# RETURN OF A BIRTH,

52071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

August 28, 1898

4. Place of Birth, (Street and Number)

641 Light St

5. Full Name of Mother

Bridget M. O'Sullivan

6. Mother's Maiden Name

O'Sullivan

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Joseph O'Sullivan

9. Father's Occupation

Shipyard

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Annie O'Sullivan

Address

634 Light St

Remarks

# RETURN OF A BIRTH

52072

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female).....

*Female*

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this return.....

Address,.....

Remarks,.....

*Nov 2 1881  
191 S Wolfe Str*

*Mary Frederick  
Bollmeier*

*Balto  
Christian Frederick  
Goldworker*

*Germany  
Mrs Louise C Knapp  
286 Canton Av*

# RETURN OF A BIRTH

52073

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 November

4. Place of Birth, (Street and Number) 8 May street

5. Full Name of Mother, Anne Drechler

6. Mother's Maiden Name, " Klein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Drechler

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who make this Return Mrs Roswell

Address, 187 Baltimore street

Remarks, Baltimore

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52074-

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Nov 29th 1881*

4. Place of Birth (Street and Number) *Painter Court*

5. Full Name of Mother *Jane Bell*

6. Mother's Maiden Name *Jane Smith*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Simon Bell*

9. Father's Occupation *Oyster Shucker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Wm. N. Hill M.D.*

Address *196 E. Baltimore St.*

Remarks

# RETURN OF A BIRTH

52075

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 29
4. Place of Birth, (Street and Number) 14 Edvard St
5. Full Name of Mother, Louisa Mack
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Other's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, Miss Clara Johnson  
or other Person who makes this Return
- Address, no 31 short st
- Remarks, Healthy child

# RETURN OF A BIRTH

52076

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Male  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 29, 1881.

4. Place of Birth, (Street and Number)

185 S. Chester St.

5. Full Name of Mother,

Lizzie M. Boblitz.

6. Mother's Maiden Name,

Kramer

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wm H Boblitz.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Enich, M.D.

Address,

94 S. Broadway.

Remarks,

—

# RETURN OF A BIRTH

52077

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. S. x, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Dec 29<sup>th</sup>
4. Place of Birth, (Street and Number) 15 Albemarle St
5. Full Name of Mother, Henriette Smith
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Balto
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address 72 E Lombard St
- Remarks \_\_\_\_\_

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

52078

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Male

Nov 29

109 Albemarle St.

Mary G. Gesticke

Grotes

Philadelphia

Robert G. Gesticke

Laborer

Philadelphia

Charles G. Gesticke

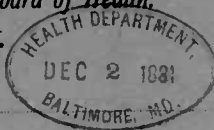
W. E. Lombard

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52079

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

coloured

3. Date of Birth

Nov 29<sup>th</sup> 1881

4. Place of Birth (Street and Number)

No 237 E. Calver St Balt

5. Full Name of Mother

Lucy Jones

6. Mother's Maiden Name

Lucy Holmes

7. Mother's Birthplace

va

8. Full Name of Father

Adison Jones

9. Father's Occupation

Mechanics

10. Father's Birthplace

va

Name of Medical Attendant, or other Person who  
makes this Return.

Address

Remarks

Mrs Francis Grant

# RETURN OF A BIRTH

52080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 29th 1881

4. Place of Birth, (Street and Number)

No 148 S. Castle St.

5. Full Name of Mother,

Mina Post

6. Mother's Maiden Name,

Koenigbreuer

7. Mother's Birthplace,

City

8. Full Name of Father,

Conrad Post

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Post

Address,

120 Bank St

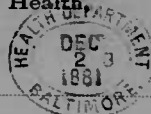
Remarks,

At the instance, and the written name of the mother of such child or child ren.

# RETURN OF A BIRTH

52081

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

November 29 1881

5. Place of Birth, (Street and Number)

Argyle Avenue & Dolphin St

6. Full Name of Mother,

Ellen Moten

7. Mother's Maiden Name,

Swall

8. Mother's Birthplace,

Baltimore City

9. Full Name of Father,

Thomas Harvey Moten

10. Father's Occupation,

Clark

11. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Marshall Brewer, M.D.

Address,

68 McCallum Street

Remarks,

Printed by the City of Baltimore, under the direction of the Registrar of Vital Statistics.

# RETURN OF A BIRTH

59012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

4. Place of Birth, (Street and Number) .....

5. Full Name of Mother, .....

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

8. Full Name of Father, .....

9. Father's Occupation, .....

10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return

Address, .....

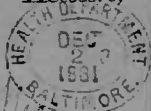
Remarks, .....

Male  
White  
29 June 1881  
62 Yonge St  
Mary Ann Young  
G. J. Schirmer  
Baltimore  
James W. Young  
Teacher  
Baltimore  
Wm. E. Young  
193 Leinster St

# RETURN OF A BIRTH

52088

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Mary Isador

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29th 1881

4. Place of Birth, (Street and Number) E Fayette 436

5. Full Name of Mother, Dencilla Nice

6. Mother's Maiden Name, Dencilla Senold

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Nice

9. Father's Occupation, Clergyman

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return E C Baldwin M. D.

Address, 124 N Eyster St

Remarks, Name of child added by sister-in-law upon applying for a transcript. Family known to me personally. Mrs. Mary M. Nice

4/27/92

# RETURN OF A BIRTH

520811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female child
2. Race or Color, (if not of the white race) Race White
3. Date of Birth, Born At 2 o'clock Tuesday Morning Feb 29
4. Place of Birth, (Street and Number) No 318 Canton St Near Bank Street
5. Full Name of Mother, Sophia Wahl
6. Mother's Maiden Name, Sophia Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lawrence Wahl
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs. Wiley  
or other Person who makes this Return
- Address, 1012 Patterson Park Ave
- Remarks, .....

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th (Seventh)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 29th 1881

4. Place of Birth (Street and Number)

No. 128 N. Mount - St

5. Full Name of Mother

Mrs. Annie M. Leonard

6. Mother's Maiden Name

Corrington

7. Mother's Birthplace

Centerville - Queens Anne's Co. - Md.

8. Full Name of Father

Edmund Thomas Leonard

9. Father's Occupation

Captain of Steamboat

10. Father's Birthplace

Easton - Md.

Name of Medical Attendant, or other Person who makes this Return.

W. W. Murray M.D.

Address

Remarks

308 W. Fayette St -

State of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 29, 1881*

4. Place of Birth, (Street and Number) *W. Gay St. 1441*

5. Full Name of Mother, *Lepha Parr*

6. Mother's Maiden Name, *Lepha Ballman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andrew Parr*

9. Father's Occupation, *Merchant Taylor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return

Address, *W. Gay St. 1441*

Remarks,

born, in or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52087

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 29 1881

4. Place of Birth (Street and Number)

88 Mosher St

5. Full Name of Mother

Florence Anne

6. Mother's Maiden Name

Gray

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Anne

9. Father's Occupation

Clack

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. Hancock, M.D.

Address

72 Mosher St

Remarks

# RETURN OF A BIRTH

52081

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether ~~1st~~, 2d, 3d, etc.)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th Nov 1881
4. Place of Birth, (Street and Number) 274 Hollins St
5. Full Name of Mother, Annie Coorsy
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm F Coorsy
9. Father's Occupation, RR Conductor
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Gus H. Lupton  
#1 Waverley Terrace

# RETURN OF A BIRTH

52089

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..

4  
Male

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

Nov 29/81

4. Place of Birth, (Street and Number) ..

#73 Bant St.

5. Full Name of Mother, ..

Sophie Miller

6. Mother's Maiden Name, ..

Siebrecht

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

Henry Miller

9. Father's Occupation, ..

Laboren

10. Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kray

Address, ..

336 Canton Ave.

Remarks, ..

# RETURN OF A BIRTH

52090

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13<sup>th</sup>

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Nov. 29<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

# 2 Prestonian St

5. Full Name of Mother,

Mrs. James Gaffney

6. Mother's Maiden Name,

Ednie Lee

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

James Gaffney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. Richard W. W.

Address,

500 Penna St

Remarks,

# RETURN OF A BIRTH, 52,091

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 29th 1881

4. Place of Birth, (Street and Number)

118 E. E. St. & E. E. St. & E. E. St.

5. Full Name of Mother

Helen Margaret Hammann

6. Mother's Maiden Name

Vincent

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Hammann

9. Father's Occupation

Booker

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. W. Bloomer M.D.

Address

474. 7 Bay Street

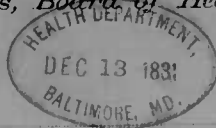
Remarks

Name of the mother of such child or children.

# RETURN OF A BIRTH

52092

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
November 29/91  
No 51 S. Schroeder  
Mary F. Black  
" " Drilmes.  
Baltimore  
Rev. M. Black  
Machinist  
Germany  
Dr. L. Schroeder  
307 W. Main St.

# RETURN OF A BIRTH

52093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29th 1881 No. 160 E. Madison St.
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Carmalia Imas
6. Mother's Maiden Name, Carmalia Lucas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Imas
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs. M. A. Butt  
or other Person who makes this Return
- Address, No. 185 E. cor. Central av. & Monument St.
- Remarks, All Well



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

52094

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

born, its or their payment contained, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

32093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st child  
female child  
white  
21 November 1891  
11 Booth St Baltimore  
Sarah Ferguson  
Sarah Ferguson  
Robert Co. N.Y.  
Clark Ferguson  
Master Shuckler  
Baltimore Md  
Henry C Jones  
17 Westcott St  
Baltimore Md

of the parents, and the maiden name of the mother of sons of ill or children.

# RETURN OF A BIRTH

52096

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 24 November
4. Place of Birth, (Street and Number) no 901 el st
5. Full Name of Mother, Emily Brown
6. Mother's Maiden Name, Morrison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Brown
9. Father's Occupation, Grayman
10. Father's Birthplace, Balto
- Names of Medical Attendant, or other Person who makes this Return anyeline wilson
- Address, Warner st 194
- Remarks,

in the father's, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Nov 24 - 1881

5. Place of Birth, (Street and Number)

1117 Bay View Avenue

6. Full Name of Mother,

Elizabeth L. Lumsden

7. Mother's Maiden Name,

" " " "

8. Mother's Birthplace,

Virginia

9. Full Name of Father,

Olive L. Lumsden

10. Father's Occupation,

Teacher

11. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. H. Lumsden

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Nov 30<sup>th</sup> 1881

1. Sex, (state whether 1st, 2d, 3d, &c.)

10<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 30<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

Highlandtown

5. Full Name of Mother,

Kate Schluderberg

6. Mother's Maiden Name,

Kate Engle

7. Mother's Birthplace,

America

8. Full Name of Father,

Leonard Schluderberg

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who

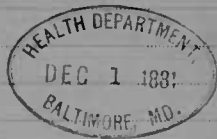
make this Return

Mrs. M. Amend.

Address,

No 137 South Wolfe Street.

Remarks,



# RETURN OF A BIRTH

52099

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, May 30th 1881  
 4. Place of Birth, (Street and Number) 185 Chestnut St  
 5. Full Name of Mother, Ella Bull  
 6. Mother's Maiden Name, Ella Mann  
 7. Mother's Birthplace, Hagerman Baltimore  
 8. Full Name of Father, Richard Bull  
 9. Father's Occupation, Hagerman  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who makes this Return Dr. G. S. G. G. G.  
 Address, 245 Pennsylvania  
 Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

52100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 30<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

N. 45 S. Eider St.

5. Full Name of Mother,

Laura V. Lacher

6. Mother's Maiden Name,

Laura V. Luthers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Lacher

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child Healthy

J. P. Pugh, A. D.  
257 Carey Mon. Ave.



# RETURN OF A BIRTH

52101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

Colored

3. Date of Birth,

Nov 30<sup>th</sup> 1881

4. Place of Birth, (Street and Number)

Wulkin St. Near Broadway

5. Full Name of Mother,

Ann Maria Handy

6. Mother's Maiden Name,

" " Butler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Handy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Irish Hill

Name of Medical Attendant, or other person who makes this Return

Mrs. Louisa Seaton

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, November 30th, 10:20 A.M.

4. Place of Birth, (Street and Number) No. 172 Ramoys

5. Full Name of Mother, Mary Gordzick

6. Mother's Maiden Name, Knight

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James L. Gordzick,

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this return.

Address, 1100 Columbia Ave & Fremont St.

Remarks, Child in good physical condition, & living.

*Handwritten signature of J. H. L. L. L. L.*

# RETURN OF A BIRTH

52103

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 7<sup>th</sup> Child  
 1. Sex, (state whether male or female) ..... Male  
 2. Race or Color, (if not of the white race) ..... ~~Swedish~~ White  
 3. Date of Birth, ..... 30 November  
 4. Place of Birth, (Street and Number) ..... 492 Canton Ave  
 5. Full Name of Mother, ..... Christina Becktold  
 6. Mother's Maiden Name, ..... " Bauer  
 7. Mother's Birthplace, ..... Germany  
 8. Full Name of Father, ..... William Becktold  
 9. Father's Occupation, ..... Engineer  
 10. Father's Birthplace, ..... Germany  
 Name of Medical Attendant, or other Person who make this Return ..... W. H. H. H.  
 Address ..... 1212 Baltimore Park St  
 Remarks, .....

to be filled out by the mother of such child or child's father.

# RETURN OF A BIRTH

59104

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30th of November

4. Place of Birth, (Street and Number)

510 Canton

5. Full Name of Mother,

Margaret Shea

6. Mother's Maiden Name,

Bellerts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Shea

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address.

No. 12 Patterson Park St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 2*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 November, 1881*
4. Place of Birth (Street and Number) *495 Squith St*
5. Full Name of Mother *Mary F. Welch*
6. Mother's Maiden Name *Mary F. Engley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Allick Welch*
9. Father's Occupation *Stone cutter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane C. Bayless*
- Address *10 386 Maryland st*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*
1. Sex (state whether Male or Female) *Male, white*
2. Race or Color (if not of the white race) *Yellow Child*
3. Date of Birth *November 30<sup>th</sup> 1881*
4. Place of Birth (Street and Number) *No 854 Gasper St*
5. Full Name of Mother *Miss Margaret Anderson*
6. Mother's Maiden Name *Miss*
7. Mother's Birthplace *Holtwood, County - Md.*
8. Full Name of Father *John Hammond*
9. Father's Occupation *Express Office*
10. Father's Birthplace *Holtwood County*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Sargent*
- Address *804 Gasper St*
- Remarks *and is unmarried*

# RETURN OF A BIRTH

59107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child  
female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Nov 30 ed 81

5. Place of Birth, (Street and Number)

274 Sharp st

6. Full Name of Mother,

Mary Miller

7. Mother's Maiden Name,

Tupper

8. Mother's Birthplace,

America

9. Full Name of Father,

Hans Miller

10. Father's Occupation,

Baker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiger Midwife

Address,

330 Hanover st

Remarks,

\* If the mother of small child or children.

# RETURN OF A BIRTH

59108

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

2. Sex, (state whether male or female) ..

Female

3. Race or Color, (if not of the white race) ..

4. Date of Birth,

Nov 30 1907

5. Place of Birth, (Street and Number)

1074 Register

6. Full Name of Mother,

Christina Meiers

7. Mother's Maiden Name, ..

Dickering

8. Mother's Birthplace, ..

Germany

9. Full Name of Father,

John Meiers

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."



condition, whether still born or not, the full name, nativity, and residence of the parents, and the marriage name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *five*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 30 1881*

4. Place of Birth (Street and Number) *No Eastman Avenue*

5. Full Name of Mother *Virginia M Cosgrove*

6. Mother's Maiden Name *Virginia M Wilson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Thomas Cosgrove*

9. Father's Occupation *Fireman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Bull*

Address *No 171 South Eborer St*

Remarks

# RETURN OF A BIRTH

32110

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4  
Male

Nov 30<sup>th</sup>

28 Albemarle St

Henrietta Smith

Baltimore

Sarah Gasper

72 E. Lombard St

Sickly from birth. weakness. died 7<sup>th</sup> Dec

of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

52111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

November 20.

5. Place of Birth, (Street and Number)

205. Dover Street

6. Full Name of Mother,

Eva Fatter

7. Mother's Maiden Name,

Kimmel

8. Mother's Birthplace,

Saak. Saak Bayern

9. Full Name of Father,

Andrew Henry Kimmel

10. Father's Occupation,

Shapener

11. Father's Birthplace,

Neustadt. Prussia

Name of Medical Attendant, or other Person who makes this Return

Katherine Seebach

Address

Remarks

# RETURN OF A BIRTH

52112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *November 30th 5 A.M.*
4. Place of Birth, (Street and Number) *413 W. Pratt Street*
5. Full Name of Mother, *Katharina Gralley*
6. Mother's Maiden Name, *Katharina Heath*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Gralley*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Katharina Lebach 439*
- Address *412 Pratt St*
- Remarks

# RETURN OF A BIRTH

52113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 30th 1881

4. Place of Birth, (Street and Number) 10. 38. Hancock St.

5. Full Name of Mother, Mary Rock

6. Mother's Maiden Name, Mary Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred. Rock

9. Father's Occupation, Laborer

10. ☒ Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. M. A. Butt. or other Person who makes this Return

Address, 10. 38. S.E. cor. Central av. & Monument St.

Remarks, All Well

# RETURN OF A BIRTH.

52114

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race) W

3. Date of Birth Nov 30. 81

4. Place of Birth (Street and Number) Hanover St

5. Full Name of Mother Annie Daly

6. Mother's Maiden Name Casey

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Daly

9. Father's Occupation

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

D. L. Lusk M.D.  
1524 Hamp St

of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November the 30 1881

4. Place of Birth (Street and Number) Elis Ann St No 312

5. Full Name of Mother Emma Goalesbury

6. Mother's Maiden Name Brooke

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph J Goalesbury

9. Father's Occupation Stenographer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Harrington

Address Cambridge St No 65

Remarks

# RETURN OF A BIRTH

52116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

*John  
Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Nov. 20 1881*

4. Place of Birth, (Street and Number)

*420 Fulton Av.*

5. Full Name of Mother,

*Clara. Thurdle*

6. Mother's Maiden Name,

*" Truman*

7. Mother's Birthplace,

*Washington D.C.*

8. Full Name of Father,

*Edward M. Thurdle*

9. Father's Occupation,

*Lawyer.*

10. Mother's Birthplace, .....

*Washington, D.C.*

Name of Medical Attendant, or other Person who makes this Return.

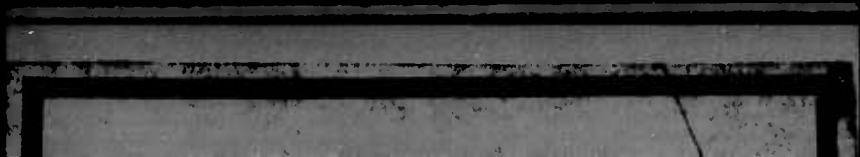
*Edward M. Thurdle*

Address,

*167 N. Calver St.*

Remarks,





# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

November 30/81

Place of Birth, (Street and Number)

No 99 Hanover St

Full Name of Mother,

Mrs Rosie Cross

Mother's Maiden Name,

Miss Rosie Rink

Mother's Birthplace,

Baltimore City Md

Full Name of Father,

Henry Cross

Father's Occupation,

Cigar Maker

Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Smith

Address,

No 1 S. Sharp St

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

November 30/81

4. Place of Birth, (Street and Number)

No 99 Hanover St

Full Name of Mother,

Mrs Rosie Cross

Mother's Maiden Name,

Miss Rosie Hink

Mother's Birthplace,

Baltimore City Md

Full Name of Father,

Henry Christopher Cross

Father's Occupation,

Cigar Maker

Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Smith

Address,

No 1 S. Sharp St

Remarks,

# RETURN OF A BIRTH

528041

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name, ...

7. Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

January 18 1898

X 742 W. Pratt St

Susie Tipton

" Corvallis

Baltimore

James Tipton

Carpenter

Baltimore

Dr. J. S. S. S. S.

337 W. Lombard St

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

January 18 1882

X 742 W. Pratt

Susie Tepton

" Croell

Balti. Md.

James Tepton

Carpenter

Balti. Md.

H. L. Spear

387 W. Lombard

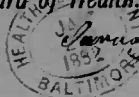
U

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52805

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *Jan. 17th. 1892*
4. Place of Birth (Street and Number) *Druid hill avenue 24*
5. Full Name of Mother *Mary Blaeston*
6. Mother's Maiden Name *Mary Brown*
7. Mother's Birthplace *Fredrick Md*
8. Full Name of Father *James Blaeston*
9. Father's Occupation *Porter*
10. Father's Birthplace *Anapolis Md*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias Biddle St 27*
- Address *to the Board of Health*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52806

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether Male or Female)

6 males

2. Race or Color (if not of the white race)

white

3. Date of Birth

January 1, 1887

4. Place of Birth (Street and Number)

39 Edmore St Baltimore

5. Full Name of Mother

Harriet May

6. Mother's Maiden Name

Harriet Eldsont

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John M. May

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs S. M. Hall

Address

782 Pratt St

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11  
Female  
White  
January 1 1892  
234 Pratt St Bal  
Elizabeth Ewerth  
Elizabeth McCarthey  
Baltimore  
George J Ewerth  
Plumber  
Baltimore  
Wm S Yellin  
292 Pratt St Bal

# RETURN OF A BIRTH

52808

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 15 1882

4. Place of Birth, (Street and Number)

Baker St

5. Full Name of Mother,

Katie Fleckenstein

6. Mother's Maiden Name,

Katie Wallberg

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sebastian Fleckenstein

9. Father's Occupation,

Barber

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. Meserich

Address,

45 Bond St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52809

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *1 Jan 1882*
4. Place of Birth (Street and Number) *352 St. Lombard*
5. Full Name of Mother *Amelia Johnson*
6. Mother's Maiden Name *Amelia Hall*
7. Mother's Birthplace *Canada*
8. Full Name of Father *Harry Johnson*
9. Father's Occupation *Minister*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *W. P. Bates, M.D.*
- Address *1 1/2 S. E. St.*
- Remarks

# RETURN OF A BIRTH.

52810

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

January 1st

4. Place of Birth (Street and Number)

574 Gent St

5. Full Name of Mother

Margaret Woodall

6. Mother's Maiden Name

Margaret Jackson

7. Mother's Birthplace

Warr Bridge Maryland

8. Full Name of Father

George W. Woodall

9. Father's Occupation

Box Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. L. Jackson

Address

343 Wilson Bridge St

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

52811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 1<sup>st</sup> January 1882  
 4. Place of Birth, (Street and Number) No 95 Randall  
 5. Full Name of Mother, Ida R. North  
 6. Mother's Maiden Name, Ida R. Fowler  
 7. Mother's Birthplace, Balt city md  
 8. Full Name of Father, Gustavus B. North  
 9. Father's Occupation, Sail Maker  
 10. Father's Birthplace, Balt city md  
 Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton  
 Address, No 666 N Charles St  
 Remarks,

# RETURN OF A BIRTH

52512

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 1<sup>st</sup> 1882

5. Place of Birth, (Street and Number)

135 (Little) Green St.

6. Full Name of Mother,

Kate Leibert

7. Mother's Maiden Name,

Fohe

8. Mother's Birthplace,

New Jersey

9. Full Name of Father,

Jacob Leibert

10. Father's Occupation,

Basket Maker

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. Koch

Address,

328 South Eutaw St.

Remarks,

Balt



# RETURN OF A BIRTH,

52813

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (male or female)

Race, (if not of the white race)

Place, (Street and Number)

Mother

Birth Name

Place

Father

Profession

Place

Attendant, or other Person who makes this Return.

Male

White race

Quincy St. 1st

Baltimore Port of Call

Margaret Tammerson

Margaret Walton

Baltimore

John Tammerson

Labourer

Baltimore

Elizabeth Hathorn

William St. No 924

# RETURN OF A BIRTH

52814-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 1<sup>st</sup> 1882

4. Place of Birth, (Street and Number)

N<sup>o</sup> 30 Stiles St.

5. Full Name of Mother,

Margaret Wells.

6. Mother's Maiden Name,

Margaret Rigger

7. Mother's Birthplace,

Baltimore & City Md.

8. Full Name of Father,

James Wells.

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore & City Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Eliza Hemming

Address,

N<sup>o</sup> 95 Albemarle St.

Remarks,

(City)



# RETURN OF A BIRTH,

52815

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three children
2. Sex (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth January 1
5. Place of Birth, (Street and Number) Baltimore Spring St No 3
6. Full Name of Mother Laura Johnson
7. Mother's Maiden Name Laura Cunningham
8. Mother's Birthplace Baltimore Md
9. Full Name of Father George Johnson
10. Father's Occupation Cyster Schucker
11. Father's Birthplace Baltimore Md
12. Name of Medical Attendant, or other Person who makes this return. His wife Harriet Brittan
- Address No 87 18th St Baltimore
- Remarks Baltimore Md

name of the mother of such child or children

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name, Florence Elizabeth Wells

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 1st 1892

4. Place of Birth, (Street and Number) 3 Myrtle Ave

5. Full Name of Mother Josephine Wells

6. Mother's Maiden Name Loeber

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. H. Wells

9. Father's Occupation Carpenter

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Wells

Address 306 Madison Ave

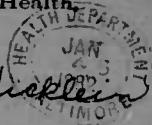
Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Sophia Wicklein*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *1st William St Jan 12, 1892*
5. Place of Birth, (Street and Number) *1st William St*
6. Full Name of Mother, *Margaret A. Wicklein*
7. Mother's Maiden Name, *Margaret A. Frank*
8. Mother's Birthplace, *New Jersey*
9. Full Name of Father, *Wm. L. Wicklein*
10. Father's Occupation, *Cooper*
11. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Thos. Cook M.D.*
- Address, *146 Hanover St*

Remarks,

# RETURN OF A BIRTH

52518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

2. Sex, (state whether male or female)

*Female*

3. Race or Color, (if not of the white race)

4. Date of Birth,

*First of January*

5. Place of Birth, (Street and Number)

*Baltimore Manors st No 735*

6. Full Name of Mother,

*Lizzie Reid*

7. Mother's Maiden Name,

*Lizzie Hopp*

8. Mother's Birthplace,

*Baltimore*

9. Full Name of Father,

*William Reid*

10. Father's Occupation,

*Glass Blower*

11. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return

*Mr. M. Shaffer*

Address,

*114 N. 1st St*

Remarks,

# RETURN OF A BIRTH

52819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*First of January*

4. Place of Birth, (Street and Number)

*Baltimore Cross St. No. 446*

5. Full Name of Mother,

*Mary Berry*

6. Mother's Maiden Name,

*Mary Kalline*

7. Mother's Birthplace,

*Baltimore County*

8. Full Name of Father,

*Wilton Berry*

9. Father's Occupation,

*Farm Merchant*

10. Father's Birthplace,

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Dr. M. Shaffer*

Address,

*114 Ridgely Street*

Remarks,

# RETURN OF A BIRTH,

52820

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 1st 1892

4. Place of Birth, (Street and Number) 224 Barrington St

5. Full Name of Mother Lella Barwick

6. Mother's Maiden Name Lella Ulinisky

7. Mother's Birthplace Germany

8. Full Name of Father Yellie Barwick

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Ally Sarah Larnall Midwife

Address 317 Fayette St

Remarks Mother and babe sewing well

name of the mother of such child or children.

# RETURN OF A BIRTH

52891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 1st 1882

4. Place of Birth, (Street and Number)

1145 1/2 E. Carroll St.

5. Full Name of Mother,

Mrs. Maggie Malone

6. Mother's Maiden Name,

Miss Maggie Stanton

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Malone

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who make this Return

Mrs. Rachel A. Garrett

Address,

No 45 Burke Street.

Remarks,

Print the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

52822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st January 1882

4. Place of Birth, (Street and Number)

162 Congho St

5. Full Name of Mother,

Lassie Boston

6. Mother's Maiden Name,

Collins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Boston

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address.

No 12 Patterson Park

Remarks.



# RETURN OF A BIRTH

52823

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, 1st of January

5. Place of Birth, (Street and Number) 167 Madagascara Alley

6. Full Name of Mother, Barbara Fickel

7. Mother's Maiden Name, = Heffens

8. Mother's Birthplace, Bismarckheim (Bavaria)

9. Full Name of Father, Friedrich Fickel

10. Father's Occupation, Master Shoemaker

11. Father's Birthplace, Bismarckheim (Bavaria)

Name of Medical Attendant, or other Person who makes this Return, G. Behnken (Midwife)

Address, 20 First Street, Corner Eastern (New)

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 1<sup>st</sup> 1882

4. Place of Birth (Street and Number) 4 Jefferson St Court

5. Full Name of Mother Isabella Scott

6. Mother's Maiden Name Trate

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Joseph Scott

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Ave.

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *January the first 1882*
1. Sex (state whether male or female) *colored male*
2. Race or Color (if not of the white race) *colored race*
3. Date of Birth *January James Alfred Simpson*
4. Place of Birth (Street and Number) *66 Salisbury Street*
5. Full Name of Mother *Mary M. Simpson*
6. Mother's Maiden Name *Mary M. Gibson*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Eugene Simpson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Talbot County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lorah Ann Gibson*
- Address *no 66 Salisbury Street*
- Remarks

# RETURN OF A BIRTH

52826

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child  
Male  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st January / 82

4. Place of Birth, (Street and Number)

No 660 Saratoga St

5. Full Name of Mother,

Margaret Catherine Bowers  
" " Carson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Manchester Ind.

8. Full Name of Father,

John Ferdinand Bowers

9. Father's Occupation,

Lipner

10. Father's Birthplace,

Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Drumm

Address,

No 58 Schroeder St

Remarks,

# RETURN OF A BIRTH

52527

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January First 1882

4. Place of Birth, (Street and Number)

410 N. Howard

5. Full Name of Mother,

Agatha M. Sullivan

6. Mother's Maiden Name,

James

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John J. Sullivan

9. Father's Occupation,

House Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Atwell

Address, 246 N. Bond St.

Remarks,

# RETURN OF A BIRTH

32538

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 1. 1881

4. Place of Birth, (Street and Number)

209 Gough St.

5. Full Name of Mother,

Julia Elizabeth Jenkins

6. Mother's Maiden Name,

Edward

7. Mother's Birthplace,

Charles Co. Md.

8. Full Name of Father,

John E. Jenkins

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. Glanville Kunk B.S.

Address,

Balt. Wash. St.

Remarks,

Natural.

# RETURN OF A BIRTH

52829

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Male White*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st January*

4. Place of Birth, (Street and Number) *Baltimore No number*

5. Full Name of Mother, *Maggie T. Andrew*

6. Mother's Maiden Name, *Maggie Riplas*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Andrew*

9. Father's Occupation, *Beer Brewer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Brown*

Address, *612 St. Paul St.*

Remarks,

# RETURN OF A BIRTH

59830

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Celtic*

3. Date of Birth, *January 12 1882*

4. Place of Birth, (Street and Number) *No 22 Bow Alley*

5. Full Name of Mother, *Caroline McCoy*

6. Mother's Maiden Name, *Caroline Hall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert McCoy*

9. Father's Occupation, *Cyber Shucker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Mrs. M. A. Butt*

Address *1135 E. Central av. & Monument St.*

Remarks *Child well*



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Full name of child - Herman Caspar Bitter

name of the mother of such child or children.

# RETURN OF A BIRTH.

52532

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 1, 1882*
4. Place of Birth (Street and Number) *62 Payson st*
5. Full Name of Mother *Agusta McConnell Lusk*
6. Mother's Maiden Name *Agusta McConnell*
7. Mother's Birthplace *Philadelphia Pa*
8. Full Name of Father *Henry C Lusk*
9. Father's Occupation *Book Keeper*
10. Father's Birthplace *Philadelphia Pa*
- Name of Medical Attendant, or other person who makes this return *James Barclay M.D.*
- Address *319 Hollins st*
- Remarks

# RETURN OF A BIRTH.

52533

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 1, 1882

4. Place of Birth (Street and Number)

28 W Mount St

5. Full Name of Mother

Rachel Shipley Gorman

6. Mother's Maiden Name

Rachel Shipley

7. Mother's Birthplace

Barrow Co. Md

8. Full Name of Father

Matthew Gorman

9. Father's Occupation

Blacksmith

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return

James Bradley M.D.

Address

349 Halliwell St

Remarks

condition, whether still-born or not, and the name of the mother of such child or children.

# RETURN OF A BIRTH

59534

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 1<sup>st</sup> 1882

4. Place of Birth, (Street and Number)

32 Liberty Alley

5. Full Name of Mother,

Mary Zimmermann

6. Mother's Maiden Name,

Dozier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Zimmermann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Knapp

Address,

236 Canton St

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Mary Virginia Beck



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan - 1, 1882 at 20 min before 1 o'clock morning

4. Place of Birth, (Street and Number) 116 W Hoffman

5. Full Name of Mother, Mary Ellen Beck

6. Mother's Maiden Name, " " Kottke

7. Mother's Birthplace, Md

8. Full Name of Father, John Beck

9. Father's Occupation, engineer

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return G Lane Parryson

Address, 129 W Reddle St.

Remarks, It has been over 17 years since the last child was born of this woman.

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

52836

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1, 1892

4. Place of Birth, (Street and Number) 901 N. Calhoun St.

5. Full Name of Mother, Margaret Jane

6. Mother's Maiden Name, Margaret Porter

7. Mother's Birthplace, Maryland

8. Full Name of Father, Alfred Jones

9. Father's Occupation, Merchant

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return J. H. Williams

Address 121 W. Calhoun St.

Remarks

of the parents, and the maiden name of the mother of each child or children."

To the Office of Registrar of Vital Statistics, Board of Health.

# RETURN OF A BIRTH,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2 Birth

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 1882

4. Place of Birth, (Street and Number) Bank Street No 1

5. Full Name of Mother Mari Tucker

6. Mother's Maiden Name Emmeh Cesterreich

7. Mother's Birthplace Germany

8. Full Name of Father Georg Tucker

9. Father's Occupation Longerharter Cesterreich

10. Father's Birthplace Bank Street No 173

11. Name of Medical Attendant, or other person who makes this return. Mrs. Mauser

12. Address

13. Remarks

Signature of the mother or such child or children.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**



# RETURN OF A BIRTH,

32837

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

" " White

3. Date of Birth

2 January

4. Place of Birth, (Street and Number)

Bankstreet No. 1

5. Full Name of Mother

Mari Brucker

6. Mother's Maiden Name

" " Marksteiner

7. Mother's Birthplace

Ellenbach Oesterreich

8. Full Name of Father

Georg Brucker

9. Father's Occupation

Brikkleger

Father's Birthplace

Lungerscharth Oesterreich

Name of Medical Attendant,

or other Person who makes this return.

Bankstreet No. 173

Address

Remarks

Miss Maurer

name of the mother of such child or children.

# RETURN OF A BIRTH

52835

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 2, 1892

4. Place of Birth, (Street and Number)

E. Pratt St. No 296

5. Full Name of Mother,

Math. Fisher

6. Mother's Maiden Name,

Went Balt.

7. Mother's Birthplace,

8. Full Name of Father,

John Fisher

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Brannan

Address,

E. Pratt St. No 14

Remarks,

Wife

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

52539

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Sex. 1. 1882  
L. Schuppel's No 117  
Married Bauman  
Mother;  
Balt.  
Joh. Bauman  
Hochster  
Balt.  
Wm. Jas. Pradbach  
220 E. 1st St No 14  
Midwife

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

52840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *2d January.*

4. Place of Birth, (Street and Number) *Baltimore, 317 Sharp st.*

5. Full Name of Mother, *Mary G. Sule.*

6. Mother's Maiden Name, *Mary E. Harpel.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Christian Sule.*

9. Father's Occupation, *Plate Polisher.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, *or other Person who makes this Return*

Address,

Remarks,

*Boyd Muny  
Lancaster, Pa.*

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

32541

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th  
Female  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 25 82

4. Place of Birth, (Street and Number)

# 269 Fremont St.

5. Full Name of Mother,

Ellen - Gassaway

6. Mother's Maiden Name,

" Taylor

7. Mother's Birthplace,

Annapolis Md.

8. Full Name of Father,

Edward Gassaway.

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

# 328 f. Eutaw St.

Remarks,

# RETURN OF A BIRTH

52842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

male

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 2<sup>d</sup> 1882

4. Place of Birth, (Street and Number)

85 N. Washington St.

5. Full Name of Mother,

Emma Cooper

6. Mother's Maiden Name,

Campbell

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Cooper

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant,

or other Person who makes this Return

D. E. Haenschmidt

Address,

3 N. Broadway

Remarks,

# RETURN OF A BIRTH

52843

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

Male  
White

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

Jan 2<sup>nd</sup> 1881

4. Place of Birth, (Street and Number) ...

141 W Lombard St. Maternity

5. Full Name of Mother, ...

Louisa Waltrap

6. Mother's Maiden Name, ...

"Baltimore"

7. Mother's Birthplace, ...

8. Full Name of Father, ...

William

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

L. L. Pittino M.D.  
Resident Physician

Address, ...

Remarks, ...

Illegitimate - L. O. I. A.

# RETURN OF A BIRTH

52844

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 *2nd*

1. Sex, (state whether male ☒ female)

2. Race or Color, (~~being of the white race~~)

3. Date of Birth,

*Jan 2<sup>nd</sup>*

4. Place of Birth, (Street and Number)

*57 Alhmarle St*

5. Full Name of Mother,

*Fizzio Schirmer*

6. Mother's Maiden Name,

*Riley*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Richard Schirmer*

9. Father's Occupation,

*Carpenter*

10. Father's Birthplace,

*Balto*

Name of Medical Attendant, or other Person who makes this Return.

*Alfred Shriver M.D.*

Address,

*11 S. High St*

Remarks,



# RETURN OF A BIRTH

52844

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white.

3. Date of Birth, Jan 2, 1882.

4. Place of Birth, (Street and Number) 41 Johnson St. Baltimore Md.

5. Full Name of Mother, Betsey Dixon.

6. Mother's Maiden Name, Lettie Smith.

7. Mother's Birthplace, Westmoreland Pa.

8. Full Name of Father, James Dixon.

9. Father's Occupation, Conductor, B & O. railroad.

10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this return. Mrs. Koch.

Address, 107 Johnson St. Baltimore Md.

Remarks,

# RETURN OF A BIRTH,

52846

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth The 2. of Jan

4. Place of Birth, (Street and Number) No. 311, Harbor road.

5. Full Name of Mother Maria Gueticker

6. Mother's Maiden Name Maria Stamm

7. Mother's Birthplace Germany

8. Full Name of Father Salmon Stamm

9. Father's Occupation Laborer

Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Christina Gauer

Remarks 111 Harbor road

1882

name of the mother of each child or children.

# RETURN OF A BIRTH

52847

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2nd of January 1882*
4. Place of Birth, (Street and Number) *114 North Washington Street*
5. Full Name of Mother, *Sally Grose*
6. Mother's Maiden Name, *Sally Schermer*
7. Mother's Birthplace, *Philadelphia*
8. Full Name of Father, *George C. Schermer*
9. Father's Occupation, *Laborer*
10. Mother's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Cecilia Kunkel*
- Address, *21 North Chapel Street for Cecilia Kunkel*
- Remarks, *Healthy*

# RETURN OF A BIRTH

59848

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 2 - 1882
4. Place of Birth, (Street and Number) No 7. Saratoga Ch.
5. Full Name of Mother, Amanda Pasley,
6. Mother's Maiden Name, Carroll Co. Md
7. Mother's Birthplace, Thomas Armstrong
8. Full Name of Father, Baltimore
9. Father's Occupation, Chas E. Hingo m. d
10. Father's Birthplace, 224 Saratoga Ch
- Name of Medical Attendant, or other Person who makes this return
- Address,
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52849

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *January 2 1882*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 2 1882*
4. Place of Birth (Street and Number) *Corner of Catharine & Tyson Streets*
5. Full Name of Mother *Sarah Peaco*
6. Mother's Maiden Name *Sarah Gilpin*
7. Mother's Birthplace *Richmond B. A.*
8. Full Name of Father *James Peaco*
9. Father's Occupation *Water*
10. Father's Birthplace *Easton Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Isabert M.D.*
- Address *No 36 Davis St*
- Remarks *None*

# RETURN OF A BIRTH,

52850

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Nov Jan 2<sup>d</sup> 1882  
 4. Place of Birth, (Street and Number) 48 993. W. Pratt. St.  
 5. Full Name of Mother Lizzie Smidt  
 6. Mother's Maiden Name Lizzie Klift  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Charles Smidt  
 9. Father's Occupation Laborer  
 Father's Birthplace Germany  
 Name of Medical Attendant, or other Person, who makes this Return. Caltherjine Doll  
 Address W. 57. Dantabor. St.  
 Remarks \_\_\_\_\_

# RETURN OF A BIRTH

52837

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, 2 January
5. Place of Birth, (Street and Number) 152 Central ave.
6. Full Name of Mother, Rosa Ormiger
7. Mother's Maiden Name, " Lester
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Peter Ormiger
10. Father's Occupation, Carriage Maker
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig
13. Address, 1048 Holland Street
14. Remarks, Balt. Md.

# RETURN OF A BIRTH

52852

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the child and mother are*  
1. Sex, (state whether male or female) *Boy*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *Monday the 2*  
4. Place of Birth, (Street and Number) *25 Orleans St*  
5. Full Name of Mother, *Hester Clements*  
6. Mother's Maiden Name, *Hester ones*  
7. Mother's Birthplace, *Baltimore md*  
8. Full Name of Father, *Walter Clements*  
9. Father's Occupation, *Oyster seller*  
10. Father's Birthplace, *Baltimore md*  
Name of Medical Attendant, or other Person who makes this Return *Mrs. Dapken*  
Address, *232 Water St*  
Remarks, *the child is a male*  
*Conchition*





# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



No. 52153 Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) First Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 2nd 1882

4. Place of Birth, (Street and Number) # 296 Eastern Ave

5. Full Name of Mother, Fannie M White

6. Mother's Maiden Name, Fannie Murdoch

7. Mother's Birthplace, Balto

8. Full Name of Father, Matthew White

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E Quinn

Address, # 171 E Washington St.

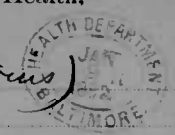
Remarks,

# RETURN OF A BIRTH

198511  
52855

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th birth (Twins)*
1. Sex, (state whether male or female) *Both male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 22/82*
4. Place of Birth, (Street and Number) *57 Duncan Alley*
5. Full Name of Mother, *Julia W. Schultz*
6. Mother's Maiden Name, *Julia Weinbaum*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Schultz*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Wilson*
- Address, *#171 N. Washington St*
- Remarks,

# RETURN OF A BIRTH

32536

To the Office of Registrar of Vital Statistics, Board of Health;  
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child*

2. Sex, (state whether male or female) *female*

3. Race or Color, (if not of the white race) *white*

4. Date of Birth, *Jan 1892*

5. Place of Birth, (Street and Number) *No 211 South Ann Street*

6. Full Name of Mother, *Lizzie C Osborne*

7. Mother's Maiden Name, *Lizzie Link*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *John W. Osborne*

10. Father's Occupation, *laborer*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E Jimms*

Address, *No 171 South Washington Street*

Remarks,



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



# RETURN OF A BIRTH

52855

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) C
3. Date of Birth, Jan 2 1882
4. Place of Birth, (Street and Number) 212 S. Sharp St
5. Full Name of Mother, Josephine Gaschis
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter H. Gaschis
9. Father's Occupation, Dryman
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Willey Gross

Address, 151 York Street between Harvard and Sharpe

Remarks,

# RETURN OF A BIRTH

52839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 2nd

4. Place of Birth, (Street and Number)

338 Franklin St.

5. Full Name of Mother,

Lizzie Burke

6. Mother's Maiden Name,

Lizzie Kuntz

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

William Burke

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this return

Mrs. Drayler

Address,

66 Schaeffer St.

Remarks,

# RETURN OF A BIRTH

59860

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 2nd 1882

4. Place of Birth, (Street and Number) Luren Alley N<sup>o</sup> 41

5. Full Name of Mother, Kate Harrison

6. Mother's Maiden Name, Kate Hill

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, George Harrison

9. Father's Occupation, Laborer

10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other Person who makes this Return, Sarah Pennington

Address, No 8 David Hill Ave

Remarks,



# RETURN OF A BIRTH

52861

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

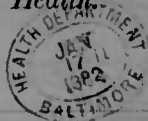


1. **Sex**, (state whether male or female) *Male*
2. **Race or Color**, (if not of the white race) \_\_\_\_\_
3. **Date of Birth**, *January 1 1892*
4. **Place of Birth**, (Street and Number) *80 E. Biddle St*
5. **Full Name of Mother**, *Mary Kaufman*
6. **Mother's Maiden Name**, *Speck*
7. **Mother's Birthplace**, *Germany*
8. **Full Name of Father**, *Adolf Kaufman*
9. **Father's Occupation**, *Printer*
10. **Father's Birthplace**, *Germany*
- Name of Medical Attendant**, or other Person who makes this Return *Margaret Allard*
- Address**, *214 W. Pennington St*
- Remarks**, \_\_\_\_\_

# RETURN OF A BIRTH.

52869

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) White race.

3. Date of Birth 1st of January 1892

4. Place of Birth (Street and Number) 57 Bedford St.,

5. Full Name of Mother Lizzie Zellhauer

6. Mother's Maiden Name Lizzie Reema.

7. Mother's Birthplace in Germany.

8. Full Name of Father John Zellhauer

9. Father's Occupation a cigar maker

10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Geller.

Address No 14 Union St

Remarks

condition, whether still born or not, and name of the mother of such child or children.

# RETURN OF A BIRTH,

52863

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Jan 22 1882  
 4. Place of Birth, (Street and Number) 244 Central Ave  
 5. Full Name of Mother Chate Howard  
 6. Mother's Maiden Name Hale  
 7. Mother's Birthplace Balto  
 8. Full Name of Father Geo. W. Howard  
 9. Father's Occupation Carriage Driver  
 Father's Birthplace Balto  
 Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Hillebrand  
 Address 1526 Monument St  
 Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52864

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan. 2<sup>d</sup> 1882*
4. Place of Birth (Street and Number) *208 Forest St.*
5. Full Name of Mother *Jane Rutledge*
6. Mother's Maiden Name *Pool*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Charles W. Rutledge*
9. Father's Occupation *Brass Finisher*
10. Father's Birthplace *Balti. City*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Weber M.D.*
- Address *298 W Lombard St.*
- Remarks *A. Natural Labor.*

*Presentation Left Occipito-Illiac. Anterior*  
*Physical Condition. Healthy.*

# RETURN OF A BIRTH

59565

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) black
3. Date of Birth, January 2<sup>d</sup> 1882
4. Place of Birth, (Street and Number) 25 Rose St.
5. Full Name of Mother, Mary E Dennis
6. Mother's Maiden Name, Whittington
7. Mother's Birthplace, Md
8. Full Name of Father, Alfred Dennis
9. Father's Occupation, Porter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

G Lane Janyhill  
129 W Biddle

# RETURN OF A BIRTH

52866

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. ● Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4<sup>th</sup>  
Female

White.

January 2, 1882,

129 Harlem Av.

Ann Mettano

Ann Bartley.

Pennsylvania

Henry C. Mettano

Bookkeeper

Maryland

J. W. Horck MD

75 E Baltimore St.



of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

52867

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 2, 1892

4. Place of Birth, (Street and Number)

555-Orinid Hill St.

5. Full Name of Mother,

Harriett L. French

6. Mother's Maiden Name,

Harriett L. Snider

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. L. French

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes the Return

Dr. W. L. Thompson

Address

121 Hollenback St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH.

59868

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

2d January 82

4. Place of Birth (Street and Number)

173 Druid Hill Ave

5. Full Name of Mother

Mary Rodenmayer Oliver

6. Mother's Maiden Name

"  
Balt City

7. Mother's Birthplace

8. Full Name of Father

Geo. J. Oliver

9. Father's Occupation

Bank Clerk

10. Father's Birthplace

Balt City

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oliver

Address

48 McTearns St.

Remarks

Within six days thereafter, making return of the date of birth, sex, race or color, date of birth, place of birth, full name of mother, maiden name of mother, full name of father, occupation of father, birthplace of father, name of medical attendant, or other person who makes this return, address of the parents, and the name of the child, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

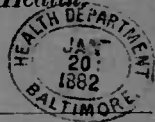


name of the mother of such child or children.

# RETURN OF A BIRTH,

59869

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth

3 January

4. Place of Birth, (Street and Number)

Schiffesent street.

5. Full Name of Mother

Bernhardtina Gros

6. Mother's Maiden Name

11 11 Elfrid

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Gros

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Bank Street Ch. 143

Address

Remarks

Miss Maurer

# RETURN OF A BIRTH

52870

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

3 Jan / 82

4. Place of Birth, (Street and Number)

50 Biddle alley

5. Full Name of Mother,

Emilie P. Kreuzer

6. Mother's Maiden Name,

"Schulz"

7. Mother's Birthplace,

423 S. Broadway St. City

8. Full Name of Father,

John V. Kreuzer

9. Father's Occupation,

Procer

10. Father's Birthplace,

38 Biddle alley City

Name of Medical Attendant, or other Person who makes this Return

M. D. L. L. L.

Address,

66 Thacker St.

Remarks,

At the birth of this child, the mother of this child was under the influence of any drug or medicine.

# RETURN OF A BIRTH

52871

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) .....

3. Date of Birth,

Jan 3<sup>d</sup> 1882

4. Place of Birth, (Street and Number)

216 Chestnut St.

5. Full Name of Mother,

Regina C. Harmer

6. Mother's Maiden Name,

" Harris

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John Harmer

9. Father's Occupation,

Macmillan

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Smith

Address,

156 Maryland Ave

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 16 children  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 January 1892  
4. Place of Birth, (Street and Number) 116 Court, Md.  
5. Full Name of Mother, Julien Meader

6. Mother's Maiden Name, Julien Coffing  
7. Mother's Birthplace, Bergen  
8. Full Name of Father, Edward Coffing  
9. Father's Occupation, laborer

10. Father's Birthplace, Bergen  
Name of Medical Attendant, or other Person who makes this return Dr. J. A. Drake  
Address, No. 128 N. 1st St.

Remarks.

# RETURN OF A BIRTH

52873

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 3 - 1882*

4. Place of Birth, (Street and Number) *185 E. Lombert St.*

5. Full Name of Mother, *Anna Fern Brandt*

6. Mother's Maiden Name, *Reimer*

7. Mother's Birthplace, *Baltimore M.d.*

8. Full Name of Father, *Geo. Wm. Brandt*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Baltimore M.d.*

Name of Medical Attendant, or other Person who makes this Return *Mary Stein*

Address, *151 E. Pratt St.*

Remarks,

# RETURN OF A BIRTH

52874

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....  
 Sex, (state whether male or female) .....  
 2. Race or Color, (if not of the white race) .....  
 3. Date of Birth, Jan. 3. 1882  
 4. Place of Birth, (Street and Number) Fremont str. 87  
 5. Full Name of Mother, Mary Hoffert  
 6. Mother's Maiden Name, Gerty  
 7. Mother's Birthplace, Balt.  
 8. Full Name of Father, Friedrich Hoffert  
 9. Father's Occupation, German  
 10. Father's Birthplace, Balt.  
 Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Braubach  
 Address, St. Helens No 14  
 Remarks,

# RETURN OF A BIRTH, 52875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 3<sup>rd</sup> 1882

4. Place of Birth, (Street and Number)

75 Winchester St

5. Full Name of Mother

Arabella Harr

6. Mother's Maiden Name

Hartshouse

7. Mother's Birthplace

Pa

8. Full Name of Father

Jacob Harr

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

N. C. Lee

Address

Hanover & Barn Sts

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

52576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, January 3rd 1882
- Place of Birth, (Street and Number) No. 551 Harford av. Balto. City
- Full Name of Mother, Georgia Meier
- Mother's Maiden Name, Georgia Leonard
- Mother's Birthplace, Baltimore
- Full Name of Father, Christopher Meier
- Father's Occupation, Barber By Trade
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, M. A. Butt.
- Address, No. 185 P. O. cor. Central av. & Monument St.
- Remarks, All Well



# RETURN OF A BIRTH

52877

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Mother's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

Female  
White

Jan 3 1882

161 W. Lombard St (Maternity)

Maggie Lerman

Cork, Ireland

Unknown

L. L. Bitting, M.D.

3161 W. Front St

Illegitimate. R. I. Aut.

# RETURN OF A BIRTH, 59878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Third day of January A.D. 1882*
4. Place of Birth, (Street and Number) *Balt. City MD cor 201 st. Bond st*
5. Full Name of Mother *Mary Jane Hamilton*
6. Mother's Maiden Name *Mary J. Riley*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James Bunting Hamilton*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Marine 378 E. Monument st*
- Address \_\_\_\_\_
- Remarks *Premature birth Six and one half months Still alive*

name of the mother of such child or children.

# RETURN OF A BIRTH

52879

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth  
Keale

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Third of January

4. Place of Birth, (Street and Number)

Baltimore Ridgely st No 115

5. Full Name of Mother,

Lillie Meach

6. Mother's Maiden Name,

Lillie Reside

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Billy Meach

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M<sup>rs</sup> M. Shaffer

Address,

114 Ridgely st

Remarks,

# RETURN OF A BIRTH

59880

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *January 3<sup>rd</sup> 1882*
4. Place of Birth, (Street and Number) *18 Barnell St*
5. Full Name of Mother, *Mrs. Neal*
6. Mother's Maiden Name, *McIlwain*
7. Mother's Birthplace, *St. Marys Co., Md.*
8. Full Name of Father, *James Neal*
9. Father's Occupation, *Expressman*
10. Father's Birthplace, *St. Marys Co., Md.*
- Name of Medical Attendant, or other Person who makes this return. *Amelia Johnson*
- Address, *6 Hamilton St.*
- Remarks,

# RETURN OF A BIRTH, 52851

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother (state whether 1st, 2d, 3d, &c.) 3d

Whether male or female Male

Color, (if not of the white race) white race

Age January 2

Place of Birth, (Street and Number) Baltimore William St No 348

Name of Mother Elsie Griffith

Given Name Elsie Elsie

Place of Birth Baltimore

Name of Father Denis Griffith

Occupation Laborer

Place of Birth Anna Randall Co

Name of Person who makes this Return Elsie Elsie

Name of Person who makes this Return William St No 348

# RETURN OF A BIRTH,

52889

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 3rd of January 1888

4. Place of Birth, (Street and Number)

16 Calverton Road

5. Full Name of Mother

Lucinda Reeder

6. Mother's Maiden Name

Lucinda Bain

7. Mother's Birthplace

City of Balto.

8. Full Name of Father

Charles F. Reeder

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address

1017 W. Pratt St.

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

GIVEN NAME ADDED 10-4-56

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Joseph A. Morrell



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 27 Walker Street January 3 1892

4. Place of Birth (Street and Number) 27 Walker Street

5. Full Name of Mother Eliza Morrell

6. Mother's Maiden Name Eliza King

7. Mother's Birthplace Alexandria Co

8. Full Name of Father John Morrell

9. Father's Occupation Scowman

10. Father's Birthplace Balvest Co

Name of Medical Attendant, or other Person who makes this Return. Lathrine Riky

Address 44 Walker Street

Remarks

# RETURN OF A BIRTH

52884

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *Jan. 3*
4. Place of Birth, (Street and Number) ..... *20 Eastern Ave.*
5. Full Name of Mother, ..... *Larry Corie*
6. Mother's Maiden Name, ..... *Leonardi*
7. Mother's Birthplace, ..... *Italy*
8. Full Name of Father, ..... *Antoine Corie*
9. Father's Occupation, ..... *Marine*
10. Father's Birthplace, ..... *Italy*
- Name of Medical Attendant, or other Person who makes this Return ..... *Harold Cooper*
- Address, ..... *21 E. Lombard St.*
- Remarks, .....



# RETURN OF A BIRTH

52885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) ..... *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *Jan. 9*
4. Place of Birth, (Street and Number) ..... *18 E. Lombard St.*
5. Full Name of Mother, ..... *Mary Ann Trumbull*
6. Mother's Maiden Name, ..... *Spillman*
7. Mother's Birthplace, ..... *Balto.*
8. Full Name of Father, ..... *George Trumbull*
9. Father's Occupation, ..... *Labour*
10. Father's Birthplace, ..... *Balto.*
- Name of Medical Attendant, or other Person who make this return ..... *Harrah Casper*
- Address, ..... *22 E. Lombard St.*
- Remarks, .....

# RETURN OF A BIRTH

52.586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Jan 3d 1882

5. Place of Birth, (Street and Number)

Duncan Alley bet Bank & Fought St

6. Full Name of Mother,

Annie M. Japp

7. Mother's Maiden Name,

Annes Miller

8. Mother's Birthplace,

Balto

9. Full Name of Father,

Andrew Japp

10. Father's Occupation,

Shoe Builder

11. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary E. Simon

Address,

# 171 1/2 Washington St.

Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 3<sup>rd</sup> 1882

4. Place of Birth, (Street and Number) 21<sup>st</sup> 50 West street

5. Full Name of Mother Leane Breder

6. Mother's Maiden Name Leane Gilherge

7. Mother's Birthplace Baltimore

8. Full Name of Father John A. Breder

9. Father's Occupation Laborer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Kathrine Thormanng

Address 21<sup>st</sup> 18 Byrd street

Remarks :

name of the mother of such child or children.

# RETURN OF A BIRTH

32888

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *"*  
 3. Date of Birth, *Jan. 3, 1882*  
 4. Place of Birth, (Street and Number) *109 E. Gay St.*  
 5. Full Name of Mother, *Mary E. Gibson*  
 6. Mother's Maiden Name, *" " " "*  
 7. Mother's Birthplace, *Balto.*  
 8. Full Name of Father, *George Gibson*  
 9. Father's Occupation, *" " " "*  
 10. Father's Birthplace, *Balto.*  
 Name of Medical Attendant, or other Person who makes this Return, *Edward Whittle*  
 Address, *109 E. Gay St.*  
 Remarks, *1 in 2 born here.*

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

59889

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 3rd 1882*
4. Place of Birth, (Street and Number) *No 293 N. Chestnut St.*
5. Full Name of Mother, *Kate Reilly*
6. Mother's Maiden Name, *Kate Robb*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edmund Reilly*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. E. Beatt.*
- Address. *No 135 S. E. cor. Central w. Monument St.*
- Remarks. *All Well*

# RETURN OF A BIRTH

52890

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 3 1882

4. Place of Birth, (Street and Number)

273 W Hoffman St

5. Full Name of Mother,

Alice Henderson

6. Mother's Maiden Name,

Ashcroft

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

Daniel M. Henderson.

9. Father's Occupation,

Clerk

10. Mother's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

Marbury Bowen M.D.

Address,

68 McCulloch St

Remarks.

# RETURN OF A BIRTH.

52591

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 3<sup>rd</sup> 1882

4. Place of Birth (Street and Number)

423 W. Lombard St

5. Full Name of Mother

Margaret A. Carmine

6. Mother's Maiden Name

Margaret A. Carmine

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles E. Carmine

9. Father's Occupation

Chamber

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. W. G. G. G.

Address

343 W. Lombard St

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan'y. 3. 1882
4. Place of Birth, (Street and Number) 123 10<sup>th</sup> and Hill one
5. Full Name of Mother, Ida L. R. Railing
6. Mother's Maiden Name, Smundel
7. Mother's Birthplace, Ind
8. Full Name of Father, Levin R. Railing
9. Father's Occupation, shoemaker
10. Father's Birthplace, Ind
- Name of Medical Attendant, Dr. Jane Fawcett  
or other Person who makes this Return  
129 W. Biddle St
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52893

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *4<sup>th</sup> January 1882*
4. Place of Birth (Street and Number) *56 Barnet*
5. Full Name of Mother *Lena Johnson*
6. Mother's Maiden Name *Burns*
7. Mother's Birthplace *Balt.*
8. Full Name of Father  *zachariah Johnson*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Anne Arundel Co., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Webster*
- Address *57 Barnet*
- Remarks

# RETURN OF A BIRTH.

548971  
528-94

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) color
3. Date of Birth 11 to 12 yrs old
4. Place of Birth (Street and Number) 1111 Loden hall street
5. Full Name of Mother Marielene Wesley
6. Mother's Maiden Name Marielene Parkhill
7. Mother's Birthplace Wicomico county Md
8. Full Name of Father Isaiah Wesley
9. Father's Occupation Grocer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Bibb
- Address 1111 Loden hall street
- Remarks at very good time

name of the mother of such child or children.

# RETURN OF A BIRTH

52895

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 January 1882

4. Place of Birth, (Street and Number) 67 Douglas street

5. Full Name of Mother, Rumikunda Ebelain

6. Mother's Maiden Name, Willig

7. Mother's Birthplace, Bairn

8. Full Name of Father, Paul Ebelain

9. Father's Occupation, Butcher

10. Father's Birthplace, Bairn

Name of Medical Attendant, or other Person who makes this Return Mrs R. M. Willig

Address, 134 S. Holl and street

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

52896

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 10, 1892

4. Place of Birth, (Street and Number)

E. Pratt St. 14 135

5. Full Name of Mother,

Magie Müller

6. Mother's Maiden Name,

Magie Nöfen

7. Mother's Birthplace,

Tauragga, R. Russia, Europe

8. Full Name of Father,

Raphael S. Müller

9. Father's Occupation,

Boiler

10. Father's Birthplace,

Tauragga R. Russia, Europe

Name of Medical Attendant, or other Person who makes this Return

Wm. E. Müller

Address,

14 135 E. Pratt St.

Remarks,

# RETURN OF A BIRTH

52897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth, *January 1st, 1882*

4. Place of Birth, (Street and Number)

*Carolina St. No. 168*

5. Full Name of Mother,

*Julia Müller*

6. Mother's Maiden Name,

*Julia Müller*

7. Mother's Birthplace,

*Spangenberg, W. Prussia Germany*

8. Full Name of Father,

*Jakob Müller*

9. Father's Occupation,

*Second-hand Store*

10. Father's Birthplace,

*Baldwin*

Name of Medical Attendant, or other Person who makes this Return

*Harry E. Müller*

Address,

*W. Dallas St. No. 26*

Remarks,

# RETURN OF A BIRTH

52898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 4

4. Place of Birth, (Street and Number)

225 E. Lombard St.

5. Full Name of Mother,

Mary Delong

6. Mother's Maiden Name,

McDonald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

D. S. Delong

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who  
unlike this Return

Charles Taylor

Address,

225 E. Lombard St.

Remarks,

# RETURN OF A BIRTH

52899

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*  
 1. Sex, (state whether male or female) *Girl*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *4th of January 1882*  
 4. Place of Birth, (Street and Number) *102 North Washington street*  
 5. Full Name of Mother, *Mary C. Webster*  
 6. Mother's Maiden Name, *Mary C. Kelly*  
 7. Mother's Birthplace, *Lill Island, Somerset county*  
 8. Full Name of Father, *Marcetta J. Kelly*  
 9. Father's Occupation, *Scalderman*  
 10. Father's Birthplace, *Lill Island Somerset county*  
 Name of Medical Attendant, or other person who makes this return *Crescentia Kunkel*  
 Address, *21 North Chapel street per postman Kunkel*  
 Remarks, *Healthy*

# RETURN OF A BIRTH.

59700

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan. 4, 1882 at 10 o'clock A.M.

4. Place of Birth (Street and Number)

N. 5 Lyon Alley

5. Full Name of Mother

Lavinia Foreman

6. Mother's Maiden Name

Lavinia Hammett

7. Mother's Birthplace

Fredricks Co. Md.

8. Full Name of Father

Francis Foreman

9. Father's Occupation

Shoe repairer

10. Father's Birthplace

Kent Co. Eastern Shore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Sucinda Cornish

Address

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 4th

4. Place of Birth (Street and Number)

548 Franklin St

5. Full Name of Mother

Mrs. Catherine F. Ganswiler

6. Mother's Maiden Name

" " Zell

7. Mother's Birthplace

Baldy

8. Full Name of Father

Mrs. W. Ganswiler

9. Father's Occupation

Black

10. Father's Birthplace

Pa

Name of Medical Attendant, or other Person who makes this Return.

H. F. Hill M.D.

Address

443 Franklin St.

Remarks

# RETURN OF A BIRTH

52902

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 4 1882*
4. Place of Birth, (Street and Number) *No 83 N Bond st*
5. Full Name of Mother, *Elizabeth Gerburg*
6. Mother's Maiden Name, *" Smith*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Louis Gerburg*
9. Father's Occupation, *Store Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Getzke*
- Address, *No 55 N Bond st*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

52903

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 4th 1882

4. Place of Birth, (Street and Number)

330 Hanover court

5. Full Name of Mother,

Mary Kurchenhan

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

America

8. Full Name of Father,

Cristoph Kurchenhan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schugart, M.D. midwife

Address,

330 Hanover st.

Remarks,

of and child of

# RETURN OF A BIRTH

529011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4<sup>th</sup> 1882

4. Place of Birth, (Street and Number)

228 E Lombard St

5. Full Name of Mother,

Mary Ann Solan

6. Mother's Maiden Name,

7. Mother's Birthplace,

District Baltimore Md

8. Full Name of Father,

Patrick Solan

9. Father's Occupation,

Cann maker & machinist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Coffey

Address,

72 E Lombard St

Remarks,

Child died May 12<sup>th</sup> 1882 of Convulsions



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

59905

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Jan. 4 1892  
4. Place of Birth (Street and Number) 48 S Bond St  
5. Full Name of Mother Sarah Whitehill  
6. Mother's Maiden Name Sarah Eichengreen  
7. Mother's Birthplace Germany  
8. Full Name of Father Isaac Whitehill  
9. Father's Occupation Express Wagon Driver  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. A. B. Goldman  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

# RETURN OF A BIRTH,

52906

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan<sup>y</sup> 4 1882

4. Place of Birth, (Street and Number) No 124 Front st

5. Full Name of Mother Maggie Jelks

6. Mother's Maiden Name Maggie Lerner

7. Mother's Birthplace Baltimore

8. Full Name of Father G. Jelks

9. Father's Occupation Printer

Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Hillebrand

Address 152 E Monument st

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *January 4th 1882*
4. Place of Birth (Street and Number) *62 Camden St*
5. Full Name of Mother *Mary J. Anna Snyder*
6. Mother's Maiden Name *Mary - a - along - Barn*
7. Mother's Birthplace *New York*
8. Full Name of Father *Jacob Snyder*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Polkman*
- Address *348 W. Lombard St*
- Remarks

# RETURN OF A BIRTH

59908

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore, Md.  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

4<sup>th</sup> of February, 1882

4. Place of Birth, (Street and Number)

Hoopers Court No. 1

5. Full Name of Mother,

Mary A. Farmer

6. Mother's Maiden Name,

Mary A. Moor

7. Mother's Birthplace,

Fredricksburg, Va.

8. Full Name of Father,

Robert Farmer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Richmond, Va.

Name of Medical Attendant, or other Person who makes this return

Mrs. Caroline Jordan

Address,

Hoopers Court No. 1

Remarks,



# RETURN OF A BIRTH

59909

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 5 1882

4. Place of Birth, (Street and Number)

Pennington St. No 40

5. Full Name of Mother,

Mathie's claim

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

New York City

8. Full Name of Father,

John Adam

9. Father's Occupation,

Traveller

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this return

Dr. J. B. B. B. B.

Address,

St. Mary's No 14

Remarks,

# RETURN OF A BIRTH

59910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 5th 1892

4. Place of Birth, (Street and Number)

129 Basse St. N. W. Corner of L. Green

5. Full Name of Mother,

Catherine Hagenkast

6. Mother's Maiden Name,

Catherine Hagenkast

7. Mother's Birthplace,

N. W. Corner of Basse & L. Green St.

8. Full Name of Father,

John Hagenkast

9. Father's Occupation,

Lab. of the B. & O. R.R.

10. Father's Birthplace,

134 Basse St.

Name of Medical Attendant, or other Person who make this Return

Dr. J. M. Hagenkast

Address,

1 Basse St., R.

Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth \_\_\_\_\_
4. Place of Birth, (Street and Number) Jefferson St. 28
5. Full Name of Mother Mate Lynch
6. Mother's Maiden Name Mate Sullivan
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Lynch
9. Father's Occupation Laborer
- Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Maggie O'Neil
- Address No 13 Lubin St. East Point
- Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

52919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: Katharine Henry Rogers

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 5th 1882

4. Place of Birth (Street and Number)

Esilmor St No 328

5. Full Name of Mother

Mary J. Rogers

6. Mother's Maiden Name

Mary H. Cherry

7. Mother's Birthplace

New York City

8. Full Name of Father

Michael H. Rogers

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

L. S. Sparrow, M.D.

Address

1. Stricker St No 427

Remarks

Healthy child

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 January 1882
4. Place of Birth, (Street and Number) Low Street
5. Full Name of Mother, Mary J. J. J. J.
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Andres J. J. J. J.
8. Full Name of Father, Mary J. J. J. J.
9. Father's Occupation, Baltimore Md.
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, Mrs. Rosa J. J. J.  
or other Person who makes this return
- Address, 45 Holland Street
- Remarks,

# RETURN OF A BIRTH

52914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) Irish
- Date of Birth, 5 January
- Place of Birth, (Street and Number) 256 Gay street
- Full Name of Mother, Justa Apple
- Mother's Maiden Name, Adler
- Mother's Birthplace, Baltimore
- Full Name of Father, Jack L. Apple
- Father's Occupation, shoemaker
- Father's Birthplace, Baden
- Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig
- Address, 48 Roland street
- Remarks, Bu Md.

of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

52915

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. ☒ Male, (state whether male or female) *5. of January 1882*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5. of January 1882*
4. Place of Birth, (Street and Number) *67 Patterson Park*
5. Full Name of Mother, *Fredricka Henne*
6. Mother's Maiden Name, *Ohlendorf*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Henne*
9. Father's Occupation, *Black Smith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address, *50 1/2 Patterson Park No.*
- Remarks,

# RETURN OF A BIRTH

52916

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, 5 of January 1882
- Place of Birth, (Street and Number) 18 Western and Butler st
- Full Name of Mother, Sallie Kanar
- Mother's Maiden Name, Kanar
- Mother's Birthplace, Baltimore
- Full Name of Father, George Kanar
- Father's Occupation, Baker
- Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. Wiley  
or other Person who makes this Return
- Address, 12 12 Patterson Park, an
- Remarks,



# RETURN OF A BIRTH

52917

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 5th*
4. Place of Birth, (Street and Number) *141 Pratt St.*
5. Full Name of Mother, *Bertha Banke*
6. Mother's Maiden Name, *" Brinkmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Friedrich Banke*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Sophia Simon*  
or other Person who makes this return
- Address, *1170 Grayby St.*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH, 52918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Births
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Jan<sup>th</sup> 5 1882
  4. Place of Birth, (Street and Number) No 188 Port Ave
  5. Full Name of Mother Mary Barker
  6. Mother's Maiden Name Mary Hickey
  7. Mother's Birthplace North of Ireland
  8. Full Name of Father John W Barker
  9. Father's Occupation Labourer
  10. Father's Birthplace Anarand County
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson
- Address 452 Port Ave
- Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

52919

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) .....

3. Date of Birth, ..... Jan 5

4. Place of Birth, (Street and Number) ..... 543 S. Bond St.

5. Full Name of Mother, ..... Sarah Horock

6. Mother's Maiden Name, ..... Luha

7. Mother's Birthplace, ..... Bohemia

8. Full Name of Father, ..... John Horock

9. Father's Occupation, ..... Restaurant

10. Father's Birthplace, ..... Bohemia

Name of Medical Attendant, or other Person who makes this Return ..... Charles Casper

Address, ..... 72 E. Lombard St.

Remarks, .....

# RETURN OF A BIRTH.

52990

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



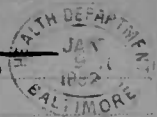
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White - 13 1/2 in.
3. Date of Birth Jan. 15 - 1892
4. Place of Birth (Street and Number) 266 E. Pratt St
5. Full Name of Mother Elizabeth Ann Reynolds
6. Mother's Maiden Name E. A. Johnson
7. Mother's Birthplace Pa. - Virginia
8. Full Name of Father Wm. J. Reynolds
9. Father's Occupation Carpenter
10. Father's Birthplace Pa. - E. of Harrisburg
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Reynolds
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

52921

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy - Fifth*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 5/82*
4. Place of Birth, (Street and Number) *# 199 S. Washington St.*
5. Full Name of Mother, *M. S. Harris*
6. Mother's Maiden Name, *Mary Riepert*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *C. H. Harris*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E Quinn*
- Address, *# 171 S. Washington St.*
- Remarks,

# RETURN OF A BIRTH, 5292

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Germany 5 1882
4. Place of Birth, (Street and Number) 104 North Street
5. Full Name of Mother Lorrie Doris Holt
6. Mother's Maiden Name Lorrie Doris Henselhoff
7. Mother's Birthplace Germany
8. Full Name of Father Edwin Holt
9. Father's Occupation Trat. Seller
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Connor 153 Collingwood St

Address \_\_\_\_\_

Remarks \_\_\_\_\_

In recording, show full name of father, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH

59993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January 5th

4. Place of Birth, (Street and Number)

no 7 rope walk lane

5. Full Name of Mother,

Mary Banks

6. Mother's Maiden Name,

Mary Banks

7. Mother's Birthplace,

Essex County, Va

8. Full Name of Father,

George Harris

9. Father's Occupation,

labourer

10. Father's Birthplace,

Essex County, Va

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Porter

Address,

no 4 pattee avenue

Remarks,

healthy child

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 5th 1882.

4. Place of Birth, (Street and Number)

No 772 Hubbard St Locust Pk

5. Full Name of Mother

Catherine Schreiner

6. Mother's Maiden Name

Catherine Christoph

7. Mother's Birthplace

Germany

8. Full Name of Father

Andrew Schreiner

9. Father's Occupation

Labourer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Margaret Ottel

Address

No 13-Cuba St

Remarks

Locust Pk

116668



# RETURN OF A BIRTH

52923

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th  
 Sex, (state whether male or female) Male  
 Race or Color, (if not of the white race) White  
 Date of Birth, January 5th 1882  
 Place of Birth, (Street and Number) No. 262 E. Madison St.  
 Full Name of Mother, Margaret Tucker  
 Mother's Maiden Name, Margaret Wallis  
 Mother's Birthplace, Pennsylvania  
 Full Name of Father, Joseph Tucker  
 Father's Occupation, Mariner  
 Father's Birthplace, Baltimore  
 Name of Medical Attendant, Mrs. M. J. Butts  
or other Person who makes this return  
 Address, No. 185 E. Central St. Baltimore  
 Remarks, Child died two days after birth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



CITY HALL  
BALTIMORE 2, MARYLAND

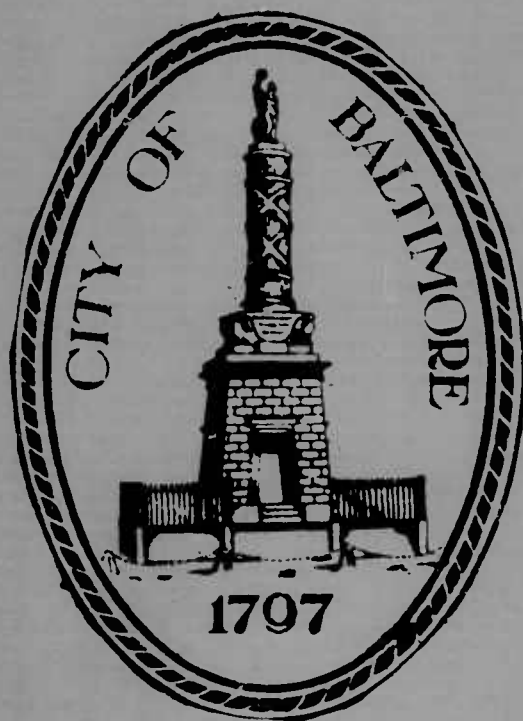
DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 4<sup>th</sup> DAY Nov.  
OF 1963 THE MICROPHOTOGRAPHS APPEARING  
HEREIN STARTING WITH #48431 AND  
ENDING WITH #52925 ARE AC-  
CURATE AND COMPLETE REPRODUCTIONS OF THE  
RECORDS OF THE DEPARTMENT OF Health  
BUREAU OF Vital Statistics AS DELIVERED  
IN THE REGULAR COURSE OF BUSINESS FOR  
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM  
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU  
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC  
COPY.

CAMERA OPERATOR: D. McPaul



**END OF REEL**